

Department of Water and Power



TM
HAND DELIVERED

the City of Los Angeles

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November 10, 2004

Mr. Jonathan Bishop
Executive Officer
California Regional Water Quality Control Board
Los Angeles Region
320 West Fourth Street, Suite 200
Los Angeles, California 90013

Attention: Mr. David Hung, Chief Industrial Permitting Unit

Dear Mr. Bishop:

Subject: National Pollutant Discharge Elimination System (NPDES) Permit
Renewals for Haynes (HnGS) and Scattergood (SGS) Generating Stations
NPDES Permit Nos. CA 0000353 and CA 0000370
(Compliance File Nos. 2769 and 1886)

In accordance with Section III of the Order for each of the generating station's NPDES permit, the Los Angeles Department of Water and Power (LADWP) is submitting the NPDES permit renewal applications no later than 180 days in advance of the May 10, 2005 expiration date for the current permits.

Enclosed are each facility's completed Consolidated Permit Application Forms 1 and 2C (including the Certification Supplement) (Enclosure 1).

During the permit renewal review process, LADWP requests that the Los Angeles Regional Water Quality Control Board (Regional Board) consider the following items.

Scattergood

Effluent Limitations

The application renewal monitoring results support a limited set of effluent limitations. For the most part, none of the Table B carcinogen and non-carcinogen pollutants, as well as phenolics and chlorinated phenolics, are being added by the power plant and those that were detected are below the water quality objective. Therefore, LADWP believes no effluent limitations are warranted for these constituents. A review of the historical metals data also suggests that Antimony, Beryllium, and Thallium (which have

Water and Power Conservation . . . a way of life

111 North Hope Street, Los Angeles, California 90012-2607 Mailing address: Box 51111, Los Angeles 90051-5700
Telephone: (213) 367-4211 Cable address: DEWAPOLA

Recyclable and made from recycled waste.

no limits), as well as Silver, have not been detected in the semi-annual monitoring information from 2000 to 2004 and should be considered for deletion.

Low Volume Waste Priority Pollutant Monitoring

The current permit required that LADWP conduct quarterly priority pollutant monitoring for eight quarters and then annually thereafter. The stated reason for this requirement was to provide information to Regional Board staff about the nature of the waste being generated. The steam electric regulations do not require this sampling, and as LADWP pointed out during the last permit renewal, the inplant wastestreams constitute only 0.01% of the total effluent flow and therefore exert little effect on the facility's ability to comply with the effluent limits or in deciding whether additional effluent limits are necessary. The constituents detected were found at very low levels. LADWP believes the Regional Board has an adequate database of information on the character of the low volume waste and any future sampling requirements should be eliminated.

Schedule for 316(b) Rule Compliance

In a letter dated November 4, 2004, LADWP outlined its proposed schedule for meeting the compliance submittals for the 316(b) Rule. LADWP requested that it be granted the full three and a half years (until January 9, 2008) to submit its Comprehensive Demonstrations Study. LADWP requests that this schedule be adopted in the upcoming permit.

Reporting Frequency

The NPDES permit that was renewed for LADWP's Harbor Generating Station contained a reporting frequency of quarterly. For consistency and administrative ease, LADWP requests that the Regional Board consider requiring quarterly monitoring for SGS.

Desalination Pilot Project

LADWP is considering the feasibility of building and operating a desalination facility at SGS. In order to better understand the site-specific pertinent design and operating parameters for a seawater desalination plant, LADWP proposes to construct a pilot plant at SGS. At present, LADWP envisions taking seawater from the "hot" side of the once-through cooling system (e.g., after it has passed through the condensers but before being returned to the ocean), desalting the stream, reconstituting the permeate and concentrate streams, and discharging this seawater along with the cooling water to the outfall. The pilot plant will be evaluating feedwater screening and micro-filtration pretreatment, selection and arrangement of the reverse osmosis membranes, product water compatibility with the drinking water regulations and LADWP's distribution system, and the feasibility (including costs) of co-locating a desalination plant at a power plant.

LADWP and its consultants are currently preparing a preliminary project scope and other pertinent information. This will be provided to the Regional Board as soon as it is completed and assembled (approximately on or about January 15, 2005). LADWP believes that operation of the pilot plant will have no material effect on the NPDES permit and requests that it be identified in the new permit's findings.

Haynes Generating Station

Temperature

LADWP notified the Regional Board, via letter dated November 4, 2004, that it was proceeding with conducting the Hydrodynamic Study of the San Gabriel River (SGR) in order to determine the estuarine boundaries. As we proceed through the various stages of the study, LADWP will keep the various stakeholder entities apprised of its findings. At the conclusion of the study, should the results support LADWP's hypothesis that the actual estuary is somewhere upstream of the power plant discharges and that the discharge classification is more appropriately a discharge into an embayment, LADWP will request that the Regional Board modify its Basin Plan to reflect the actual location of the estuary. Until the study can be concluded and submitted to the Regional Board, LADWP will request that the existing temperature limit be kept in place.

If the Hydrodynamic Study upholds LADWP's hypothesis that the plant's discharge is into an embayment, LADWP requests that the existing permit limit of 100 degrees be made permanent in the new permit. The Thermal Plan states that the thermal limit for existing discharges shall be that which can "assure protection of beneficial uses". In previous correspondence with the Regional Board, LADWP has stated that there was no aquatic habitat prior to the power plant discharges. After the first discharge from the Alamitos Generating Station, and then subsequently the Haynes Generating Station, a warm water marine habitat was established. LADWP believes that the beneficial uses that were in existence prior to 1975 are still being protected and that a balanced indigenous population exists within the SGR as evidenced by the continued results stated in the receiving water monitoring reports.

LADWP is aware of the Regional Board's current position that 86 degrees is the generally accepted thermal limit that is protective for biological organisms; however, there are clearly unique considerations which are required for this location. The scientific literature generally supposes that organisms living in ambient water temperature who are suddenly exposed to water temperatures that are 86 degrees or higher are stressed to the point of not being able to live, reproduce or generally sustain themselves. However, marine organisms living in the Sea of Cortez have adapted to living and reproducing in water temperatures that are typically 88 degrees or even warmer in the summer months. The organisms that live and reproduce in the lower SGR have successfully done so for the past 48 years with plant effluent limits as high as 100 degrees as evidenced by the many studies that have been done, including the annual

receiving water monitoring studies conducted by the power plants. Thus, it is appropriate to consider that temperatures higher than what is generally considered protective of beneficial uses can and do occur in the lower SGR without impacting beneficial uses.

If the Hydrodynamic Study demonstrates that HnGS discharges into an estuary, LADWP will seek a variance from the Thermal Plan. Based on the nature of the discharge and the morphology of the river, there could be no discharge of once-through cooling to the river that would be considered compliant with the Thermal Plan requirements. This would have serious negative impacts to the environment, to the surrounding community, to LADWP, and to the State of California. As LADWP has reported in numerous previous submittals to the Regional Board, without the power plant discharges, the lower SGR would return to a dry earthen flood control channel. The warm water aquatic environment and the habitat that has been created would cease to exist. The withdrawal of once-through cooling water by LADWP and AES provides a continuous circulation of water, nutrients, and oxygen to the back areas of Alamitos Bay and the Long Beach Marina. Without this water circulation, this habitat would become severely degraded and marina waters would become stagnant and the benthic sediments anoxic as with many other harbors and marinas with poor circulation. LADWP would lose an important source of reliable in-basin generation capacity and the power grid stability that the facility provides to LADWP's electrical system. The State of California would lose approximately 1600 megawatts of available power in a power supply environment that is already stretched thin.

Fish Impingement Monitoring

The current permit requires the identification and quantification of fish impinged during a heat treatment. LADWP requests that this requirement be deleted from the new permit. As the Board is aware, compliance with the 316b Rule will necessitate the collection of new impingement and entrainment information. LADWP, in a letter dated November 4, 2004, proposed a 316b compliance schedule that included conducting new impingement and entrainment monitoring in 2006. This study will provide a better characterization of plant impingement than continuing to collect information in association with heat treatments. The information collected to date under the current permit indicates that an insignificant amount of fish are impinged during a heat treatment and thus continuation of the requirement, particularly in light of the impending 316b work, is of limited value. The impinged results for the years of 2001, 2002, 2003, and 2004 (to date) are 242 fish, 134 fish, 96 fish, and 35 fish, respectively.

Intake Credits

Irrespective of whether the discharge is ultimately classified as estuarine or into an embayment, the water quality criteria contained in the California Toxics Rule (CTR) will apply to the facility. The State Implementation Plan for the CTR provides for the

granting of intake credits and LADWP believes it is appropriate and necessary to do so. The Regional Board's memo from Dennis Dickerson to Celeste Cantu dated October 25, 2002, as well as Mr. Dickerson's January 15, 2003 letter to LADWP, also noted the possibility of intake credits to meet the provisions of CTR. LADWP requests that intake credits be provided in the new permit for all constituents found in both the semi-annual monitoring data during the last permit cycle and the intake data from the recent Reasonable Potential Analyses (RPA).

Water Quality Based Effluent Limits

LADWP has routinely monitored the influent since 2001 for semi-annual metals and more recently, has sampled the influent, effluent and receiving water as part of the RPA that examines all constituents contained in the priority pollutant list. With limited exception, when the ambient or background metal concentrations of constituents detected in the influent are subtracted from the constituent concentrations found in the effluent, the effluent is compliant. Two constituents, copper and arsenic, have exceeded the 30-day average limitation despite accounting for ambient concentrations. (The latter constituent, arsenic, had only a single exceedence and may be an anomaly since power plant operations are not an arsenic source).

LADWP is nearing completion of Phase I of its repowering project that will replace the Unit 3 and 4 steam turbines, which use copper/nickel condenser tubes, with a single Unit 8 steam turbine that uses titanium condenser tubes. A Notice of Preparation was issued June 24, 2004 for the second repowering effort (Phase II) that will retire Units 5 and 6, replacing their copper/nickel condenser tubes in like fashion. LADWP is optimistic that the titanium condensers will translate to compliant CTR-calculated copper effluent limits, thus resolving the copper compliance issues. At this point in time, there are no plans to repower Units 1 and 2. If replacement of the copper/nickel condenser tubing with titanium tubes proves an effective measure for ensuring permit compliance, LADWP may consider either re-tubing Unit 1 and 2 condensers or repowering at some future date. The State Water Resources Control Board, in their December 11, 2002 memo to Dennis Dickerson, noted the possibility of establishing a mixing zone and dilution credit "for just one or two of the most critical discharge points". This type of solution could also be viable for addressing Unit 1 and 2 CTR compliance with the copper criterion.

A final consideration for meeting the CTR metal limits may include developing site-specific water quality objectives by conducting a Water Effects Ratio and/or a metal translator study or any other applicable and appropriate study for those constituents (e.g., copper) that remain above the CTR 30-day average criteria after application of intake credits. A determination as to whether to engage in these types of studies is not something that can be determined at this time, more information is needed. For this reason, LADWP requests the inclusion of intake credits and the establishment of interim permit limits.

With regard to the other detected toxics in the facility's effluent, since sampling began for the RPA, seven pesticides, bis (2-ethylhexyl) phthalate, one congener of dioxin (Octa-CDD), and cyanide have also been detected. As with the metals, when the ambient influent concentration of bis (2-ethylhexyl) phthalate and cyanide are subtracted from the effluent concentrations, these constituents are compliant with the CTR criteria. Three of the detected pesticides and the one dioxin congener, while below the Minimum Level, appear to be in concentrations above the calculated CTR limit. LADWP requests the opportunity to complete its RPA efforts and to continue its investigations to determine the validity of their presence and the facts and circumstances surrounding the pesticide and dioxin presence.

Chlorine

LADWP has completed an extensive and rigorous Total Residual Chlorine (TRC) monitoring program that demonstrated that the current modified effluent limitation is protective of the environment, protective of beneficial uses, and protective of sensitive aquatic organisms. Chronic toxicity studies conducted since completion of this monitoring program have consistently demonstrated no toxic effect. Having received RWQCB, SWRCB, and federal EPA concurrence that the modified effluent limitation was protective of water quality and beneficial uses (as noted in the 301(g) variance), and knowing that the study conducted was equivalent to the derivation of a site-specific Water Quality-Based Effluent Limitation, LADWP believes that no further effort is required and that the existing TRC limits belong in the new permits.

The Steam Electric Effluent Limitation for Free Available Chlorine (FAC), as with other federal limitations for power plants, is expressed in both terms of a daily maximum and a 30-day average or monthly average. The current permit incorrectly identifies the limit in terms of a daily average. Consistent with the Harbor and Scattergood Generating Station permits, LADWP requests that the FAC limit be corrected and expressed as a daily maximum and a monthly average.

Low Volume Waste Priority Pollutant Monitoring

As with the SGS permit, the current HnGS permit required that LADWP conduct quarterly priority pollutant monitoring for eight quarters and then annually thereafter. The stated reason for this requirement was to provide information to Regional Board staff about the nature of the waste being generated. The steam electric regulations do not require this sampling, and as LADWP pointed out during the last permit renewal, the inplant wastestreams constitute only 0.01% of the total effluent flow and therefore exert little effect on the facility's ability to comply with the effluent limits or in deciding whether additional effluent limits are necessary. The constituents detected were found at very low levels. LADWP believes the Regional Board has an adequate database of

Mr. Jonathan Bishop

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November 10, 2004

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Schedule for 316(b) Rule Compliance

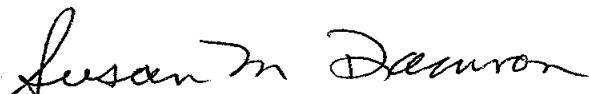
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Reporting Frequency

The NPDES permit that was renewed for LADWP's Harbor Generating Station contained a reporting frequency of quarterly. For consistency and administrative ease, LADWP requests that the Regional Board consider requiring quarterly monitoring for HnGS.

LADWP appreciates your consideration of these issues and comments as you begin to undertake the permit renewal process. We are available to support your permitting renewal efforts and to provide information that may be of assistance. If you have any questions or require additional information, please contact either Mr. Robert Krivak or myself at (213) 367-1339 or (213) 367-0279, respectively.

Sincerely,



Susan M. Damron

Manager of Wastewater Quality Compliance

SMD: bdc

Enclosure

c: Robert Krivak

CERTIFICATION SUPPLEMENT
For
NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM
PERMIT APPLICATION

Legal Name of Applicant: Los Angeles Department of Water and Power

Facility: Haynes Generating Station

CAD000633248

RECEIVED
2004 MAY 10 PM 2:08
CALIFORNIA REGIONAL WATER
QUALITY CONTROL BOARD
LOS ANGELES REGION

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Edward Miller
Printed Name of Person Signing

Director of Power Systems Operation & Maintenance
Official Title

CEMiller
Signature

11-10-04
Date Application Signed

11-10-04
Date Supplement Signed

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST				B. SECOND			
C 7	4	9	1	C 7			(specify)
15	16	-	19	15	-	19	
C. THIRD				D. FOURTH			
C 7				C 7			(specify)
15	16	-	19	15	-	19	

VIII. OPERATOR INFORMATION

A. NAME								B. Is the name listed in Item VIII-A also the owner?																		
8 Los Angeles Department of Water & Power								<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO																		
15 16								33																		
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)								D. PHONE (area code & no.)																		
F = FEDERAL				M = PUBLIC (other than federal or state)				(specify)				66														
S = STATE				O = OTHER (specify)								15 16 - 33 19 - 21 22 - 25														
P = PRIVATE								36																		
E. STREET OR P.O. BOX								55																		
111 NORTH HOPE STREET, RM. 1213								56																		
26								52																		
F. CITY OR TOWN								G. STATE	H. ZIP CODE							IX. INDIAN LAND										
B LOS ANGELES								CA	90012							Is the facility located on Indian lands?										
15 16								40	41	42	47	56							<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO							

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)				D. PSD (Air Emissions from Proposed Sources)											
C 9	N	CA 0 0 0 0 3 5 3		C 9	P										
15	16	17	18	30	15	16	17	18	30						
B. UIC (Underground Injection of Fluids)				E. OTHER (specify)											
C 9	U			C 9											
15	16	17	18	30	15	16	17	18	30						
C. RCRA (Hazardous Wastes)				E. OTHER (specify)											
C 9	R			C 9											
15	16	17	18	30	15	16	17	18	30						
see Attachment A								(specify)							
								South Coast Air Quality Management District							

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Natural Gas and emergency oil-fueled, steam-generated, electric power production.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)				B. SIGNATURE				C. DATE SIGNED			
Edward Miller, Director of Power Systems Operations & Maintenance								11-10-90			
COMMENTS FOR OFFICIAL USE ONLY											
C											
15	16	-	19								

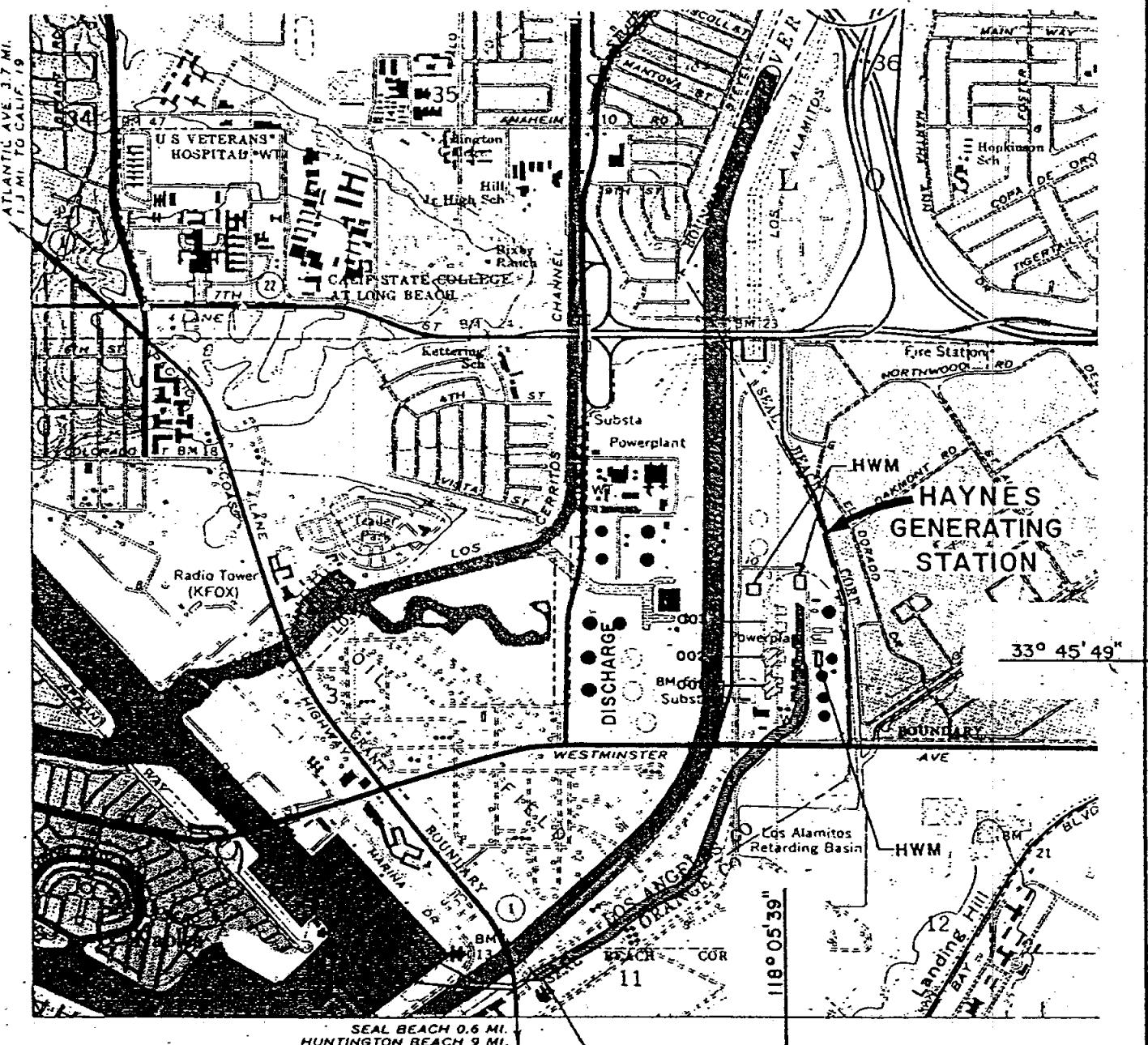
Haynes Generating Station

X. Existing Environmental Permits

E. Other

Agency	Equipment/Process Permitted	Permit No.
Department of Toxic Substances Control	Regeneration of Ion Exchange Resins used in Boiler Water Demineralization	Conditionally exempt under California Tiered Permitting Program
South Coast Air Quality Management District (Permit to Operate)	Boiler No. 1	M60760
	Boiler No. 2	M60759
	Boiler No. 3*	M60758
	Boiler No. 4*	M60757
	Boiler No. 5	RM60756
	Boiler No. 6	RM60761
South Coast Air Quality Management District (Temporary Permit to Construct/Operate)	Facility-wide	Facility ID No. 800074
	Emergency Generator (Unit 7)	ID No. D53 Application No. G02790
	Steam Turbine/Gen. (Unit 8)	- -
	Gas Turbine/Gen. (Unit 9)	ID No. D125 Application No. 398415
	Gas Turbine/Gen. (Unit 10)	ID No. D134 Application No. 398411

* Decommissioning Dates: Unit 4 (11/02/03)
Unit 3 (09/19/04)



CIRCULATING COOLING WATER
INTAKE CHANNEL

FACILITY LOCATION:
STATE OF CALIFORNIA
COUNTY OF LOS ANGELES
CITY OF LONG BEACH

UTM GRID AND 1972 MAGNETIC NORTH
DECLINATION AT CENTER USGS MAP

SCALE 1:24000

**LOCATION MAP
HAYNES GENERATING STATION
DEPARTMENT OF WATER AND POWER
CITY OF LOS ANGELES**

REPRODUCED FROM USGS MAP
LOS ALAMITOS, CALIF. 1972

Please type or print in the unshaded areas only.			EPA ID Number (Copy from Item 1 of Form 1) CAD000633248	Form Approved OMB No. 2040-0086 Approval expires 7-31-88			
Form 2C NPDES	 U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS <i>Consolidated Permits Program</i>						
I. Outfall Location							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude	Longitude	Receiving Water (name)				
Deg	Min	Sec	Deg	Min	Sec		
001A	33	45	42	118	05	47	San Gabriel River
<p>Note: The two conduits, 001A and 001B are given the same latitude and longitude due to their proximity to each other, which is well within the 15 second tolerance.</p>							
II. Flows, Sources of Pollution, and Treatment Technologies							
<p>A. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation, and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.</p>							
<p>B. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation, and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.</p>							
1. Outfall Number	2. Operations Contributing Flow		3. Treatment				
	a. OPERATION (list)	b. AVERAGE FLOW	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1			
001A	Once-through Cooling Water	138,240,000 gal/day*	None	4-B			
001A	Demineralizer Regeneration	60,000 gal/day	Settling Basin	1-U			
001A	Boiler Acid Cleaning Rinses	190,000 gal/day	Chemical Precipitation**	2-C, 1-U			
001A	Storm Water Runoff	75,000 gal/day	Settling Basin	1-U			
001A	Boiler Blowdown	87,000 gal/day	Settling Basin	1-U			
001A	Lab Drains	14,000 gal/day	Settling Basin	1-U			
001A	Filter Polish Regeneration	20,000 gal/day	Settling Basin	1-U			
001A	Domestic Water Use	20,000 gal/day	Act. Sludge, Settling Basin	3-A	1-H		
001A	Boiler Wash Water	15,000 gal/day	Settling Basin	1-U			
001A	Floor Drains	36,000 gal/day	Oil-Water Separator	1-H	1-H		

* Maximum Design Flow

** Chemical precipitation is performed in portable treatment tanks.

Note: All flows are maximum flows. With the exception of the once-through cooling water, all others are total daily flows to any single outfall. If multiple outfalls are used, then flows are reduced accordingly.

Please type or print in the unshaded areas only

EPA ID Number (Copy from Item 1 of Form 1)

Form Approved
OMB No. 2040-0086
Approval expires 7-31-88Form
2C
NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. Outfall Location

For this outfall, list the latitude and longitude, and name of the receiving water(s).

Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
001B	33	45	42	118	05	47	San Gabriel River

Note: The two conduits, 001A and 001B are given the same latitude and longitude due to their proximity to each other, which is well within the 15 second tolerance.

II. Flows, Sources of Pollution, and Treatment Technologies

A. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

B. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.

1. Outfall Number	2. Operations Contributing Flow		3. Treatment		
	a. OPERATION (list)	b. AVERAGE FLOW	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	c. COMMENTS
001B	Once-through Cooling Water	138,240,000 gal/day*	None	4-B	
001B	Demineralizer Regeneration	60,000 gal/day	Settling Basin	1-U	
001B	Boiler Acid Cleaning Rinses	190,000 gal/day	Chemical Precipitation**	2-C, 1-U	
001B	Storm Water Runoff	75,000 gal/day	Settling Basin	1-U	
001B	Boiler Blowdown	87,000 gal/day	Settling Basin	1-U	
001B	Lab Drains	14,000 gal/day	Settling Basin	1-U	
001B	Filter Polish Regeneration	20,000 gal/day	Settling Basin	1-U	
001B	Domestic Water Use	20,000 gal/day	Act. Sludge, Settling Basin	3-A	1-H
001B	Boiler Wash Water	15,000 gal/day	Settling Basin	1-U	
001B	Floor Drains	36,000 gal/day	Oil-Water Separator	1-H	1-H

* Maximum Design Flow

** Chemical precipitation is performed in portable treatment tanks.

Note: All flows are maximum flows. With the exception of the once-through cooling water, all others are total daily flows to any single outfall. If multiple outfalls are used, then flows are reduced accordingly.

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I. Outfall Location							
For this outfall, list the latitude and longitude, and name of the receiving water(s)							
Outfall Number (list)	Latitude			Longitude			Receiving Water (name)
	Deg	Min	Sec	Deg	Min	Sec	
002A	33	45	46	118	05	47	San Gabriel River
002B	33	45	46	118	05	47	San Gabriel River
Notes: (1) The two conduits, 002A and 002B are given the same latitude and longitude due to their proximity to each other, which is well within the 15 second tolerance.							
(2) Outfalls 002A and 002B receive once-through cooling water from the same steam generator (Unit 8), and therefore, the nature of the wastes will be identical.							
II. Flows, Sources of Pollution, and Treatment Technologies							
A	For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.						
B	For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.						
1. Outfall Number	2. Operations Contributing Flow			3. Treatment			
	a. OPERATION (list)	b. AVERAGE FLOW	c. DESCRIPTION	d. LIST CODES FROM TABLE 2C-1			
002A & B	Once-through Cooling Water	138,240,000 gal/day*	None	4-B			
002A & B	Demineralizer Regeneration	60,000 gal/day	Settling Basin	1-U			
002A & B	Boiler Acid Cleaning Rinses	190,000 gal/day	Chemical Precipitation**	2-C, 1-U			
002A & B	Storm Water Runoff	75,000 gal/day	Settling Basin	1-U			
002A & B	Boiler Blowdown	87,000 gal/day	Settling Basin	1-U			
002A & B	Lab Drains	14,000 gal/day	Settling Basin	1-U			
002A & B	Filter Polish Regeneration	20,000 gal/day	Settling Basin	1-U			
002A & B	Domestic Water Use	20,000 gal/day	Act. Sludge, Settling Basin	3-A	1-H		
002A & B	Boiler Wash Water	15,000 gal/day	Settling Basin	1-U			
002A & B	Floor Drains	36,000 gal/day	Oil-Water Separator	1-H		1-H	

* Maximum Design Flow per outfall.

** Chemical precipitation is performed in portable treatment tanks.

Note: All flows are maximum flows. With the exception of the once-through cooling water, all others are total daily flows to any single outfall. If multiple outfalls are used, then flows are reduced accordingly.

Please type or print in the unshaded areas only				EPA ID Number (Copy from Item 1 of Form 1) CAD000633248	Form Approved OMB No. 2040-0086 Approval expires 7-31-88		
Form 2C NPDES	 U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS <i>Consolidated Permits Program</i>						
I. Outfall Location							
For this outfall, list the latitude and longitude, and name of the receiving water(s).							
Outfall Number (list)	Latitude		Longitude		Receiving Water (name)		
003A	Deg 33	Min 45	Sec 53	Deg 118	Min 05	Sec 47	San Gabriel River
<p>Note: The two conduits, 003A and 003B are given the same latitude and longitude due to their proximity to each other, which is well within the 15 second tolerance.</p>							
II. Flows, Sources of Pollution, and Treatment Technologies							
<p>A. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.</p>							
<p>B. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation; and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.</p>							
1. Outfall Number	2. Operations Contributing Flow			3. Treatment			
	a. OPERATION (list)	b. AVERAGE FLOW	c. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1			
003A	Once-through Cooling Water	230,400,000 gal/day*	None	4-B			
003A	Demineralizer Regeneration	60,000 gal/day	Settling Basin	1-U			
003A	Boiler Acid Cleaning Rinses	190,000 gal/day	Chemical Precipitation**	2-C, 1-U			
003A	Storm Water Runoff	75,000 gal/day	Settling Basin	1-U			
003A	Boiler Blowdown	87,000 gal/day	Settling Basin	1-U			
003A	Lab Drains	14,000 gal/day	Settling Basin	1-U			
003A	Filter Polish Regeneration	20,000 gal/day	Settling Basin	1-U			
003A	Domestic Water Use	20,000 gal/day	Act. Sludge, Settling Basin	3-A	1-H		
003A	Boiler Wash Water	15,000 gal/day	Settling Basin	1-U			
003A	Floor Drains	36,000 gal/day	Oil-Water Separator	1-H	1-H		

* Maximum Design Flow

** Chemical precipitation is performed in portable treatment tanks.

Note: All flows are maximum flows. With the exception of the once-through cooling water, all others are total daily flows to any single outfall. If multiple outfalls are used, then flows are reduced accordingly.

Please type or print in the unshaded areas only			EPA ID Number (Copy from Item 1 of Form 1) CAD000633248	Form Approved OMB No. 2040-0086 Approval expires 7-31-88			
Form 2C NPDES	 U.S. ENVIRONMENTAL PROTECTION AGENCY APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS <i>Consolidated Permits Program</i>						
I. Outfall Location							
For this outfall, list the latitude and longitude, and name of the receiving water(s)							
Outfall Number (list)	Latitude		Longitude		Receiving Water (name)		
Deg	Min	Sec	Deg	Min	Sec		
003B	33	45	53	118	05	47	San Gabriel River
<p>Note: The two conduits, 003A and 003B are given the same latitude and longitude due to their proximity to each other, which is well within the 15 second tolerance.</p>							
II. Flows, Sources of Pollution, and Treatment Technologies							
<p>A. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation, and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.</p> <p>B. For each outfall, provide a description of (1) all operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and stormwater runoff; (2) the average flow contributed by each operation, and (3) the treatment received by the wastewater. Continue on additional sheets if necessary.</p>							
Outfall Number	2. Operations Contributing Flow			3. Treatment			
	a. OPERATION (list)	b. AVERAGE FLOW	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1			
003B	Once-through Cooling Water	230,400,000 gal/day*	None	4-B			
003B	Demineralizer Regeneration	60,000 gal/day	Settling Basin	1-U			
003B	Boiler Acid Cleaning Rinses	190,000 gal/day	Chemical Precipitation**	2-C, 1-U			
003B	Storm Water Runoff	75,000 gal/day	Settling Basin	1-U			
003B	Boiler Blowdown	87,000 gal/day	Settling Basin	1-U			
003B	Lab Drains	14,000 gal/day	Settling Basin	1-U			
003B	Filter Polish Regeneration	20,000 gal/day	Settling Basin	1-U			
003B	Domestic Water Use	20,000 gal/day	Act. Sludge, Settling Basin	3-A	1-H		
003B	Boiler Wash Water	15,000 gal/day	Settling Basin	1-U			
003B	Floor Drains	36,000 gal/day	Oil-Water Separator	1-H	1-H		

* Maximum Design Flow

** Chemical precipitation is performed in portable treatment tanks.

Note: All flows are maximum flows. With the exception of the once-through cooling water, all others are total daily flows to any single outfall. If multiple outfalls are used, then flows are reduced accordingly.

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

YES (complete the following table)

NO (go to Section III)

1. OUTFALL NUMBER (list)	2. OPERATION(S) CONTRIBUTING FLOW (list)	3. FREQUENCY		4. FLOW				c. DURATION (in days)
		a. DAYS PER WEEK (specify average)	b. MONTHS PER YEAR (specify average)	a. FLOW RATE (in mgd)		b. TOTAL VOLUME (specify with units)		
				1. LONG TERM AVERAGE	2. MAXIMUM DAILY	1. LONG TERM AVERAGE	2. MAXIMUM DAILY	
001A	<i>Boiler Acid Cleaning Rinses</i>	*	*	-	0.19	-	190,000 gallons	2
001B	<i>Boiler Acid Cleaning Rinses</i>	*	*	-	0.19	-	190,000 gallons	2
002A	"	*	*	-	"	-	"	"
002B	"	*	*	-	"	-	"	"
003A	"	*	*	-	"	-	"	"
003B	"	*	*	-	"	-	"	"

* Boiler acid cleaning occurs intermittently (last was 12 years ago).

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

YES (complete Item III-B)

1 NO (go to Section IV)

B. Are the limitations in the applicable effluent guideline expressed in terms of production (or other measure of operation)?

YES (complete Item III-C)

NO (go to Section IV)

C. If you answered "yes" to Item III-B, list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

IV. IMPROVEMENTS

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

YES (complete the following table)

NO (see to Item IV-F)

B. OPTIONAL: You may attach additional sheets describing any additional water pollution control programs (or other environmental projects which may affect your discharges) you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C See Instructions before proceeding - Complete one set of tables or each outfall - Annotate the outfall number in the space provided.

NOTE: Tables V-A, V-B, and V-C are included on separate sheets number V-1 through V-9.

D. Use the space below to list any of the pollutants listed in Tables 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

YES (list all such pollutants below)

NO (go to item VI-B)

CONTINUED FROM THE FRONT**VII. BIOLOGICAL TOXICITY TESTING DATA**

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

YES (Identify the test(s) and describe their purpose below)

NO (go to Section VIII)

Chronic toxicity bioassays are performed quarterly as required by the existing NPDES permit.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

YES (list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below) NO (go to Section IX)

A. NAME	B. ADDRESS	C. TELEPHONE (area code & no.)	D. POLLUTANTS ANALYZED (list)
EMS Laboratories	117 West Bellevue Drive Pasadena, CA 91105	(626) 568-4065	Asbestos
West Coast Analytical Servicing, Inc.	9840 Alburstis Avenue Santa Fe Springs, CA 90670	(562) 948-2225	Hex. Chromium, PCBs, pesticides, acid and base/neutral extractables.
Pacific Analytical	6349 Paseo Del Lago Carlsbad, CA 92009	(760) 438-3100	Dioxins
Bureau of Standards	2319 Dorris Place Los Angeles, CA 90031	(323) 226-1665	BOD, Ammonia, Color, Fecal coliform, MBAS, phosphorus, sulfide, sulfate.

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE (type or print)

Edward Miller, Director of Power Systems Operation & Maintenance

B. PHONE NO. (area code & no.)

(213) 367-0772

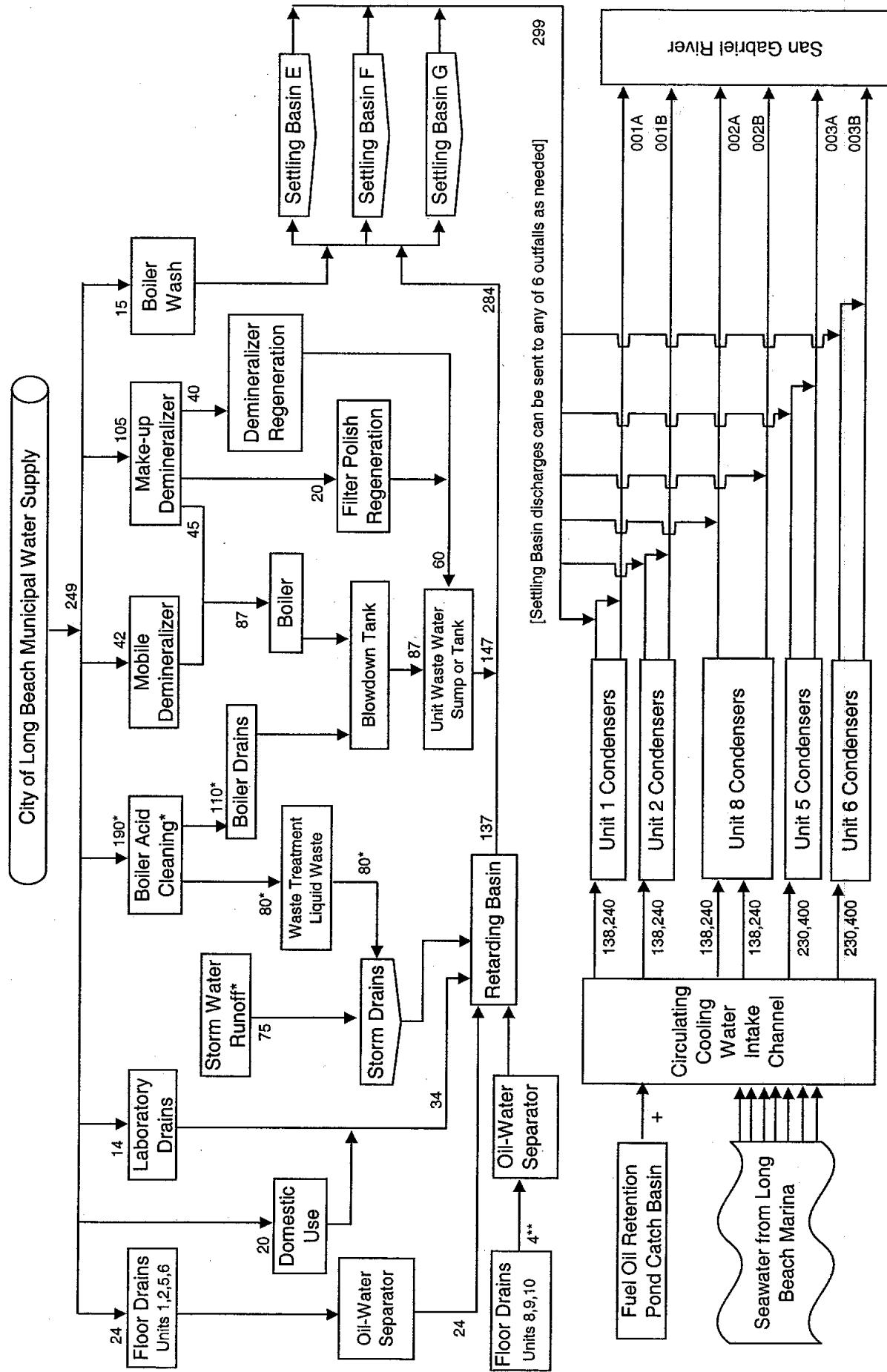
C. SIGNATURE

D. DATE SIGNED

11-10-04

SCHEMATIC of WATER FLOW for HAYNES GENERATING STATION

Los Angeles Department of Water and Power



Notes: All flows are maximum flows in thousands of gallons per day.

* Acid cleanings occur only on rare occasion (last was over 12 years ago); these flows are not included in the totals.

** Estimated flow (once testing is complete and Units placed in-service an actual value can be calculated).

+ Discharge valve locked and normally not used except during unusually heavy rain fall.

11/8/04

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD000633248

VINAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

2. EFFLUENT

1. POLLUTANT	a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30-DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	3. UNITS (Specify if blank)		d. NO. OF ANALYSIS	e. LONG TERM CONCENTRATION (in mass)	f. MASS CONCENTRATION (in mass)	g. AVERAGE VALUE (in mass)	4. INTAKE (optional)	a. LONG TERM CONCENTRATION (in mass)	b. NO. OF ANALYSES		
				a. CONCENTRATION (in mass)	b. MASS CONCENTRATION (in mass)									
a. Biochemical Oxygen Demand (BOD)	6	6,918				4	4,087	2	mg/L	Ibs	4	4,087	2	
b. Chemical Oxygen Demand (COD)	595	685,988				410	418,876	2	mg/L	Ibs	540	551,691	2	
c. Total Organic Carbon (TOC)	0.4	461				0.2	204	2	mg/L	Ibs	<0.2	<102	2	
d. Total Suspended Solids (TSS)	4.8	5,534				4.5	4,597	2	mg/L	Ibs	5.3	5,415	2	
e. Ammonia (as N)	0.2	230				<0.2	<102	2	mg/L	Ibs	<0.2	<102	2	
f. Flow			Value	Value	Value	122,500,000	1,004	gal/day	-	Value	122,500,000	1,004		
g. Temperature (winter)		Value	31.7	Value	Value	28.1	271	°C	Value	Not Available	-			
h. Temperature (summer)		Value	37.2	Value	Value	35.1	279	°C	Value	Not Available	-			
i. pH		Minimum	7.29	Maximum	8.26	Minimum	Maximum			132	STANDARD UNITS			
2. MARK X														
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline. You must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.														
1. POLLUTANT AND CAS NO. (if available)	a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30-DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	e. LONG TERM CONCENTRATION (in mass)	f. MASS CONCENTRATION (in mass)	g. AVERAGE VALUE (in mass)	4. INTAKE (optional)	a. LONG TERM CONCENTRATION (in mass)	b. NO. OF ANALYSES				
a. Bromide (2495-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	54.3	62,604			48.4	49,448	2	mg/L	Ibs	60.6	61,912	2
b. Chlorine Total Residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.30	346			0.04	41	2	mg/L	Ibs	0.02	20	2
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	495	-			495	-	2	nm	-	498	-	2
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11	-			<5	-	2	MPN/100ml	-	<2	-	2
e. Fluoride (as F)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7.1	8,186			3.7	3,780	2	mg/L	Ibs	3.2	3,269	2
f. Nitrate Nitrite (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.4	1,614			0.7	715	2	mg/L	Ibs	<0.008	<4	2

ITEM V-B CONTINUED FROM FRONT

	ITEM	V-B	2. EFFLUENT		3. UNITS		4. INTAKE (Optional)	
			A. MAXIMUM DAILY VALUE (as mg/l)	B. MAXIMUM TODAY VALUE (as mg/l)	C. LONG TERM AVERAGE VALUE (if available)	D. NO. OF ANALYSIS	E. CONCENTRATION (as mg/l)	F. NO. OF ANALYSES
g Nitrogen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.5	576		0.4	409	2
Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<0.5	<255	2	
i. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.6	692				
ii. Phosphorous (as P, Total) (7723-140)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.09	104		0.07	72	2
j. Radioactivity								
(1) Alpha	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
(2) Beta	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
(3) Radium	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
(4) Radium 226 Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>						
k. Sulfate (as SO ₄) (14098-79-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,730	3.1EE6		2,575	2.6EE6	2
Sulfide (as S)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<0.1	<58		<0.1	<51	2
m. Sulfite (as SO ₃) (1426-15-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<2	<1,153		<2	<1,022	2
n. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.12	138		0.07	72	2
o. Aluminum Total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	70.5	81		42.3	43	1
p. Barium Total (7440-39-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	15.1	17		12.4	13	2
q. Boron Total (7440-42-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.0	4,612		3.6	3,678	2
r. Cobalt Total (7440-48-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1.1	1		1.1	1	2
s. Iron Total (7440-69-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.1	115		0.1	102	2
t. Magnesium Total (7440-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,335	1.5EE6		1,276	1.3EE6	2
u. Molybdenum Total (7439-99-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.2	19		14.6	15	2
v. Manganese Total (7439-95-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.1	13		8.6	9	2
w. Tin Total (7440-31-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.3	346		0.2	204	2
x. Titanium Total (7440-32-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.8	23		14.7	15	2

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA.I.D. NUMBER (copy from Item 1 of Form 1)
CAD0000633248OUTFALL NUMBER
001A

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2-C-1 for instructions to determine which GCMS fractions you must test for. If you are not required to mark column 2-a, secondary industries, nonprocess wastewater outfalls, and non-required GCMS fractions), mark X in column 2-b for each pollutant you know or have reason to believe is present. Mark X in column 2-c for any pollutant you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater, if you mark column 2b for any pollutant, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you will discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See Instructions for additional details and requirements.									
2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)					
1. POLLUTANT AND CAS NO. / IF available)		a. TEST- INGREDI- ENT REQUIRED PRESENT		b. MAXIMUM DAILY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSES	
				(1) CONCENTRATION (2) MASS		(1) CONCENTRATION (2) MASS		(1) CONCENTRATION (2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS									
1m. Antimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-38-0									
2m. Arsenic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-38-2									
3m. Beryllium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-41-7									
4m. Cadmium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-43-9									
5m. Chromium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-47-3									
6m. Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-50-8									
7m. Lead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17439-92-1									
8m. Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17439-97-6									
9m. Nickel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-02-0									
10m. Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-26-0									
11m. Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-22-4									
12m. Thallium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-66-6									
13m. Zinc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-68-5									
14m. Cyanide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-62-9									
15m. Phenols	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-61-6									
DIOXIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zn/Pt ratio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorobenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p-Dioxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE RESULTS Not Detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM THE FRONT

EPA FORM 3510-2C (Rev. 2-85)

Page V-4

CONTINUE ON PAGE V-5

1. POLLUTANT AND CAS NO./ ITEM NUMBER/ available)	2. MARK X a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED ABSENT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)			
				a. MAXIMUM DAILY VALUE (if available)	b. LONG TERM AVERAGE VALUE (if available)	c. CONCENT- RATION (1) MASS (2) MASS (3) MASS	d. NO. OF ANALYS- SES	e. LONG TERM CONCENTRA- TION (1) MASS (2) MASS (3) MASS	f. NO. OF ANALYS- SES		
GC/MS - VOLATILE COMPOUNDS (continued)											
22-Vinylidene chloride (75-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	8	ug/L	lbs	ND	-	8
23-Vinylidene Chlorohydrate (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
24-Vinylchloro- ethane (57-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
25-Vinylene (100-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
26-Vinyl-trans- Chloroethylene (156-80-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
27-Vinylidene chloride (71-53-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
28-Vinylidene chloride (75-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
29-Vinylidene chloride (75-65-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
31-Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
GC/MS FRACTION - ACID COMPOUNDS										-	8
4,2-Dichlorobenzoic acid (95-5-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	8	ug/L	lbs	ND	-	8
2,4-Dichloro- phenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
3,4-Dimethyl- phenol (106-37-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
4,4'-Dinitro- Ocresol (53-12-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
5,7-Dinitro- phenol (61-26-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
6,6'-Nitro- biphenol (88-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
7,7-Dinitro- phenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
BA-P-Chloro- M-Cresol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
Chlorophenol (87-85-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
TOA Pheo (10-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"
TIA-24B-TH chlorophenol (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	"

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ITEM NO.	TESTING INGREDIENTS (if available)	2. MARK X		2. EFFLUENT		2. INTAKE (optional)		3. UNITS (specify if blank)		4. LONG TERM AVERAGE VALUE (available)		5. NO. OF ANALYSES	
		a) TESTED	b) BELEVED ABSENT	c) MAXIMUM DAILY VALUE	d) CONCENTRATION	e) CONCENTRATION	f) CONCENTRATION	g) CONCENTRATION	h) MASS CONCENTRATION	i) MASS CONCENTRATION	j) CONCENTRATION	k) CONCENTRATION	l) CONCENTRATION
GC/MS/FRACTION - BASE/NEUTRAL COMPOUNDS													
63-22-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Benzene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
205-96-8	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
95 Anthracene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
110-12-7	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
4B Benzo(a) 92-57-5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
BB Benzo(b) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Pyrene (50-39-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
7B-3,4-Benzo- fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
8B Benzo (b) Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
9B Benzo (k) Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10B Bis(2- Chloroethyl) Naphthalene (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
11B Ethyl alpha-Ethyl- (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
12B Ethyl Chloroethylene Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
13B Is(2-Ethyl- hexyl) Phthalate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
14 B-4 Bromo- phenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
15B Butyl Benzyl Phthalate (65-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16B-2-Chloro- naphthalene (91-58-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
17B-4-Chloro- phenyl Phenyl Ether (100-72-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
18B Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
19B Diethoxy(ether) Anthracene (55-03-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
20B 1,2-Dichloro- benzene (65-10-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
21B 1,3-Dihydro- benzene (5417-31-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

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EPA I.D. NUMBER (copy from Item 1 of Form 1)

CAD0000633248

OUTFALL NUMBER
001A

1. POLLUTANT AND CAS NO. / if available	2. MARK X a. TEST INGREDIENT REQUIRED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED ABSENT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
				D. MAXIMUM 30 DAY VALUE (if available)	E. LONG TERM AVERG. VALUE (if available)	F. CONCENTRATION (g/mass)	G. CONCENTRATION (g/mass)	H. LONG TERM CONCENTRATION (g/mass)	I. NO. OF ANALYSES
GC/MS - BASE/NEUTRAL COMPOUNDS (continued)									
26B.1.1 Diphenoxybenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
26B.1.2 Dimethoxybenzene (61-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
26B.2.1 Diethyl Phthalate (84-66-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
26B.2.2 Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
26B.2.3 Di-N-Buyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
26B.2.4 Di-n-butyl Phthalate (117-94-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
26B.2.5 Di-n-butyl Phthalate (605-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
26B.2.6 Di-n-Octyl Phthalate (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
26B.2.7 Diphenoxyhydrazine 4,4'-biphenol (122-56-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
31B. Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
32B. Fluorene (86-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
33B. Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
34B. Hexachlorodibenzene (87-85-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
35B. Hexachlorocyclohexadiene (77-47-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
36B. Hexachlorodibenzene (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
38B. Isophorone (78-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
39B. Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
40B. Nitrobenzene (98-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
41B. N-Methyldiethanolamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
42B. N-Nitrosodimethylamine (62-54-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND

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1 POLLUTANT AND CAS NO. (# available)	2 MARK X		3 UNITS		4 INTAKE (optional)		
	a. TEST INGREDIENT	b. BE- lieved PRESENT	c. BE- lieved ABSENT	d. MAXIMUM DAILY CONCENTRATION	e. MAXIMUM DAILY CONCENTRATION	f. 30 DAY AVERAGE VALUE (if available)	g. NO. OF ANALYSES
	(86-30-6)		(4)	(4)	(4)	(4)	(4)
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)							
43B-Nitro-sophenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
43B-Promethane (86-00-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
45B-Pure (129-00-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
46B-1,2,4-Tri-chlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
GC/MS FRACTION - PESTICIDES							
1P-Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-
2P-D-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	-
4P-1-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
5P-8-BHC (319-88-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
6P-Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
7P-4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
8P-4,4'-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
9P-4,4'-DDD (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
10P-Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
11P-6-Eendo-sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
12P-3-Eendo-sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
13P-Endosulfan-Sulfate (103-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
14P-Erdrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
15P-Erdrin (742-39-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
16P-Hepa-chlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-
						ND	-

1. POLLUTANT AND CAS NO. / available)				2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)	
A TEST INGREDIENT	B BELEVED PRECURED	C BELIEVED ABSENT	D TEST SENT	E MAXIMUM DAILY VALUE	F MAXIMUM 24-HOUR VALUE (if available)	G LONG TERM AVERAGE VALUE (if available)	H NO. OF ANALYSIS	I LONG TERM AVERAGE VALUE	J NO. OF ANALYSIS
(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
GC/MS - PESTICIDES (continued)									
17P Heptachlor Epoxyde	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(102-57-3)	"	"	"	"	"	"	"	"	"
19P PCB-1222	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(53469-2-9)	"	"	"	"	"	"	"	"	"
19P PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11087-69-0)	"	"	"	"	"	"	"	"	"
20P PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1104-28-2)	"	"	"	"	"	"	"	"	"
21P PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11141-16-5)	"	"	"	"	"	"	"	"	"
22P PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12612-29-6)	"	"	"	"	"	"	"	"	"
23P PCB-1260	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(11066-82-5)	"	"	"	"	"	"	"	"	"
24P PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(12641-12-2)	"	"	"	"	"	"	"	"	"
25P DDT- p,p'-DDT (6001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: 1. The Effluent Long-term Average is based on all six outfalls.

2. The Maximum Daily Value is based on a single sample from outfall 001A.

ND – Not Detected

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages. **SEE INSTRUCTIONS.**

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD000633248

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

A - You must provide the results of at least one analysis for every pollutant listed.

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly, or expressly in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outlet. See the instructions for additional details and requirements.

4. INTAKE (optional)

ITEM V-B CONTINUED FROM FRONT

ITEM	MARK	NAME OR SYNTHETIC NAME AND SYNTHETIC NAME (if available)	1. POLLUTANT AND CAS NO. (if available)	2. MAXIMUM DAILY CONCENTRATION (in PPM)	3. MAXIMUM SOIL DAY VALUE (if available)	4. LONG TERM AVERAGE VALUE (if available)	5. UNITS (Species If blank)		6. INTAKE (optional)		
							a) CONCENTRATION (in PPM)	b) NO. OF ANALYSIS	c) MASS DOSAGE	d) NO. OF ANALYSES	
g. Nitrogen Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.3	346		0.2	204	2	mg/L	lbs	0.2
h. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<0.5	<288		<0.5	<255	2	mg/L	lbs	<0.5
i. Fluorine (as F) Total (773.42)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.06	69		0.06	61	2	mg/L	lbs	0.11
j. Radioactivity											
(1) Alpha	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
(2) Beta	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
(3) Radium	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
(4) Radium 226 Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>									
Sulfate (as SO ₄) (1468.73.8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2,690	3.1EE6		2,545	2.6EE6	2	mg/L	lbs	2,755
Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.1	<58		<0.1	<51	2	mg/L	lbs	<0.1
n. Sulfite (as SO ₃) (228.63)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<2	<1,153		<2	<1,022	2	mg/L	lbs	<2
o. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.1	115		0.06	61	2	mg/L	lbs	0.06
o. Aluminum Total (7429.90.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	58.6	68		53.4	55	2	ug/L	lbs	68.1
p. Barium Total (7440.39.3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	10.8	12		9.8	10	2	ug/L	lbs	8.9
q. Boron Total (7440.44.2.8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4.1	4,727		3.8	3,882	2	mg/L	lbs	3.8
r. Cobalt Total (7440.26.4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.2	1		1.2	1	2	ug/L	lbs	1.2
s. Iron Total (7439.89.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.1	115		0.1	102	2	mg/L	lbs	0.1
t. Magnesium Total (7439.95.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1,392	1.6EE6		1,374	1.4EE6	2	mg/L	lbs	1,658
u. Manganese Total (7439.88.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	16.2	19		14.6	15	2	ug/L	lbs	13.9
v. Manganese Total (7439.88.7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11.1	13		8.6	9	2	ug/L	lbs	5.8
w. Tin Total (7440.31.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.3	346		0.2	204	2	mg/L	lbs	0.2
x. Uranium Total (7440.32.6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	19.8	23		14.7	15	2	ug/L	lbs	16.0

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)

CAD000633248

OUTFALL NUMBER
001B

<p>PART C - If you are a primary industry and this outlet contains process wastewater, refer to Table 2-C-2. The instruction is to determine which of the GC/MS fractions that apply to your industry and for all toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a for secondary industries, non-process wastewater outlets, and non-reduced GC/MS fractions, mark X in column 2-a for each pollutant you know or have reason to believe is present. Mark X in column 2-b for any pollutant you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater, in column 2-b, you must provide the results of at least one analysis for that pollutant. If you mark column 2-b for any pollutant, you must either submit at least one analysis of pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2-b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outlet. See instructions for additional details and requirements.</p>									
1 POLLUTANT AND CAS NO. / available)	a TEST REQUIRED	b BE PRESENT	c BE ABSEN T	2. EFFLUENT		3. UNITS		4. INTAKE (optional)	
				a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (available)	d. NO. OF ANALYSIS	e. LONG TERM AVERAGE VALUE (available)	f. NO. OF ANALYSIS
METALS, CYANIDE, AND TOTAL PHENOLS									
1M Antimony	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	ug/L	lbs	3.8
Total (7440-36-0)				ND	-	"	ug/L	lbs	4
2M Arsenic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	ug/L	lbs	8
Total (7440-38-2)				ND	-	"	ug/L	lbs	"
3M Barium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	ug/L	lbs	"
Total (7440-41-7)				ND	-	"	ug/L	lbs	"
4M Cadmium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	ug/L	lbs	"
Total (7440-43-9)				ND	-	"	ug/L	lbs	"
6M Chromium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1.4	2	9.2	ug/L	lbs	13.0
Total (7440-47-3)				ND	-	"	ug/L	lbs	13
8M Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.3	16	10.9	ug/L	lbs	10.2
Total (7440-50-8)				ND	-	"	ug/L	lbs	10
7M Lead Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.2	3	0.8	<1	ug/L	1.0
Total (7439-92-1)				ND	-	"	ug/L	lbs	1
8M Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	0.3	<1	ug/L	"
Total (7439-97-6)				ND	-	"	ug/L	lbs	<1
9M Nickel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20.7	24	23.2	ug/L	lbs	21.4
Total (7440-02-0)				ND	-	"	ug/L	lbs	22
10M Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	4.5	ug/L	lbs	2.7
Total (7782-49-2)				ND	-	"	ug/L	lbs	3
11M Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	ug/L	lbs	"
Total (7440-22-4)				ND	-	"	ug/L	lbs	"
12M Thallium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	ug/L	lbs	"
Total (7440-28-0)				ND	-	"	ug/L	lbs	"
13M Zinc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17	20	43.3	ug/L	lbs	51.2
Total (157-12-6)				ND	-	"	ug/L	lbs	52
14M Cyanide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	0.7	<1	ug/L	"
Total (157-12-6)				ND	-	"	ug/L	lbs	<1
15M Phenols	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	ug/L	lbs	"
Total (174-66-6)				ND	-	"	ug/L	lbs	"
DIOXIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				DESCRIBE RESULTS Not Detected					

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. (if available)	2. MARK X a. TEST INGREDIENTS REQUIRED	3. BE- LIEVED PRESENT	4. MAXIMUM DAILY CONCENTRATION	2. EFFLUENT		5. LONG TERM AVERAGE CONCENTRATION	6. LONG TERM AVERAGE VALUE (available)	7. NO OF ANALYSES
				a) CONCENTRATION	b) MASS			
GC/MS - VOLATILE COMPOUNDS								
1V. Acetone (102-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	8
2V. Acetonitrile (127-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	8
3V. Benzene (7-13-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
4V. Bis-(Chloromethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
8V. Chlorodibromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
9V. Chloroform (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
10V. 2-Chloroethylvinyl Ether (107-53-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
11V. Chloroform (57-63-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
12V. Dichlorodibromoethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
13V. Difluoromethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
14V. 1,1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
15V. 1,2-Dichloroethane (107-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
16V. 1,1-Dichloroethylene (542-35-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
17V. Ethane (78-67-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
18V. 1,3-Dinitropropane (542-35-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	n

CONTINUED FROM PAGE V-4

EPA.I.D. NUMBER (copy from Item 1 of Form 1)
CAD000633248OUTFALL NUMBER
001B

1. POLLUTANT AND CAS NO. (if available)	2. MARK X a. TEST INGREDIENT REQUIRED	b. BELEVED PRESENT	c. BE LIEVED ABSENT	2. EFFLUENT		3. UNITS (Specify if blank)		4. INTAKE (optional)	
				d. MAXIMUM DAILY VALUE (available)	e. LONG TERM AVERAGE VALUE (available)	f. NO. OF ANALYSIS	g. LONG TERM AVERAGE VALUE (available)	h. NO. OF ANALYSES	
22.1. Methylene Chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
24V-1.7-Phen-Oxide (78-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
24V-Tetrahydro-1,2-diene (08-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
25V-1,4-Diene (08-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
26V-1,2-trans-Dihydroxy-1,2-diene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
27V-1,2-Diene (71-35-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
28V-1,2-Tri- chloroethane (79-05-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
29V-Tetrahydro- 2H-pyran (90-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
30V-Trichloro- fluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
31V-Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
GCMS FRACTION - ACID COMPOUNDS									
32V-Chloroform (65-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
24Z-Toluene (100-49-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
3A-2-Dimethyl- phenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
3A-4,6-Dinitro- (634-62-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
5A-2,4-Dinitro- phenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
6A-2-Nitro- phenol (88-55-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
7A-4-Nitro- phenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
BAP-Chloro- M-Cresol (69-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
17A-2,4-Dinitro- chloropheno (68-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"

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1. POLLUTANT AND CAS NO. (if available)	2. MARK X TEST INGREDIENT REQUIRED	3. BE- LIEVED PRE-SENT	4. INTAKE (optional)	2. EFFLUENT		3. UNITS (specify if blank)		4. LONG TERM AVERAGE VALUE		5. NO. OF ANALYSIS	
				a. MAXIMUM DAILY VALUE	b. CONCENTRATION	c. BE- LIEVED ABSENT	d. CONCENTRATION	e. MASS	f. MASS	g. CONCENTRATION	h. MASS
GC/MS FRACTION BASENEUTRAL COMPOUNDS											
1B Acenaphthene (63-52-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8
2B Acenaphthene (208-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
3B Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
4B Benzidine (22-67-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
5B Benzo(a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
6B Benzo(a) Pyrene (50-50-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
7B 3,4-Benzo-Fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
9B Benzo(ghi)Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
9B Benzo(k)Fluoranthene (207-03-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
10B Bis(Chloroethoxy)Methane (111-44-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
12B Bis(Chloroethyl)Ether (60-50-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
13B Bis(2-Ethoxyhexyl)Phthalate (117-81-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
14 B-Butyl-Bromo-phenyl-Phenyl-Ether (101-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
15 Butyl-Benzyl Phthalate (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
16B 2-Chloro-naphthalene (51-98-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
17B 4-Chloro-Phenyl-Phenyl-Ether (200-72-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
18B Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
19B Diisobutyl Anthracene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
20B 2-Diisobutylbenzene (59-60-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"
21B 1,3-Diisobutylbenzene (54-17-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CADD000633248OUTFALL NUMBER
001B

1. POLLUTANT AND TEST INGREDIENTS (if available)		2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)	
CAS NO. (if available)	a. PRE-REQUIRED	b. BE-REQUIRED	c. BE-LEVED	d. MAXIMUM DAILY VALUE	e. MAXIMUM 30 DAY VALUE	f. LONG TERM AVG. VALUE (if available)	g. NO. OF ANALYSES
			ABSENT	CONCENTRATION	CONCENTRATION	CONCENTRATION	NO. OF ANALYSES
				(1) MASS	(2) MASS	(1) MASS	ITEMS CONCENTRATED
22B 4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	ND	-
23B 3-Dimethylbenzidine (91-94-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	u	-	u	u
24B Diethyl Phthalate (84-35-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	u	-	u	u
25B Dimethyl Phthalate (131-13-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	u	-	u	u
26B Di-N-Buyl Phthalate (131-13-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	u	-	u	u
27B 2,4-Dinitrobenzene (121-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
28B 2,6-Dinitrotoluene (608-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
29B Dinitro-Phthalate (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
30B 2,2-bis-(4-methoxyphenyl)-azobisisobutyronitrile (122-86-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
31B Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
32B Fluorane (86-37-)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
33B Hexachlorobenzene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
34B Hexachlorodibenzofuran (37-08-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
35B Hexachloro-cyclopentadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
36B Hexachloroethane (57-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
37B Indeno[1,2,3-ij]Perylene (193-39-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
38B Isobutene (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
39B Methacrylene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
40B Nitrobenzene (106-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
41B Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u
42B Nitroso-AN Propionate (62-16-47)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	u	-	u	u

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO./ if available)	2. MARK X TEST NOT RE- QUIRED	3. BE- LIEVED PRE- SENT	4. TEST MAX X NOT RE- QUIRED	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
				a. MAXIMUM DAILY VALUE	b. CONCENTRA- TION	c. LONG TERM AVG. value if available)	d. NO. OF ANALYSI- SIS	e. LONG TERM AVERAGE VALUE	f. NO. OF ANALYSI- SIS
				(1) CONCEN- RATION	(2) MASS	(1) CONCEN- RATION	(2) MASS	(1) CONCEN- RATION	(2) MASS
GC/MS FFraction - BASE/NEUTRAL COMPOUNDS (continued)									
43B N-Nitro-sophenylamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	ug/L
43B Phenanthrene (85-07-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
43E Styrene (128-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
46E 1,2,4-Tri-chlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
GC/MS FFraction - PESTICIDES									
1P Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	ug/L
2P D-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
4P T-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
5P o-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
6P Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
75-44-DDT (60-29-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
8P Lindane (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
9P 1,2-DDD (72-64-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
10P Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
11P & Endo-sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
12P Beta-Endo-sulfan (115-28-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
13P Endosulfan Sulfate (1061-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
14P Endrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
15P Endrin Aldehyde (742193-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND
16P Hepta-chlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	ND	ND

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1) **CAD000633248**OUTFALL NUMBER **001B**

1. POLLUTANT AND TEST INGREDIENTS		2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)	
CAS NO./ available	a. TEST- REQUIRED	b. BE- LIEVED PRE- SENT	c. BE- LIEVED ABSENT	d. MAXIMUM DAILY VALUE (if available)	e. LONG TERM AVERAGE VALUE (if available)	f. NO. OF ANALYSES	g. NO. OF ANALYSES
		(1) CONCEN- RATION	(2) MASS RATION	(1) CONCEN- RATION	(2) MASS RATION	(1) CONCEN- RATION	(2) MASS RATION
GC/MS - PESTICIDES (continued)							
1P Heptachloro- Eoxide (1004-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	8
18P PCB-1242 (53-69-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"
18P PCB-1244 (1097-89-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"
20P PCB-1251 (1104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"
21P PCB-1252 (1141-18-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"
22P PCB-1258 (1262-23-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"
23P PCB-1260 (1096-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"
24P PCB-1018 (1264-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"
25P Toxaphene (8001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	"

Notes: 1. The Effluent Long-term Average is based on all six outfalls.

2. The Maximum Daily Value is based on a single sample from outfall 001B.

ND – Not Detected

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from item 1 of Form 1)
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V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

2. EFFLUENT

1. POLLUTANT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30-DAY VALUE (if available)		c. LONG TERM AVG. VALUE (if available)		d. NO. OF ANALYSIS		3. UNITS (specify if blank)		4. INTAKE (optional)	
	concentration	concentration	concentration	concentration	concentration	concentration	a. CONCENTRATION	b. MASS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES
a. Biochemical Oxygen Demand (BOD)	19	21,906			10	8,382	2	mg/L	lbs	4	3,353	2
b. Chemical Oxygen Demand (COD)	800	922,337			600	612,992	2	mg/L	lbs	540	452,612	2
c. Total Organic Carbon (TOC)	0.2	231			0.2	168	2	mg/L	lbs	<0.2	<84	2
d. Total Suspended Solids (TSS)	9.9	11,414			7.6	6,370	2	mg/L	lbs	5.3	4,442	2
e. Ammonia (as N)	<0.2	115			<0.2	<84	2	mg/L	lbs	<0.2	<84	2
f. Flow			Value	Value	Value	100,500,000	1,004	gal/day	-	Value	100,500,000	1,004
g. Temperature (winter)		Value	23.3	Value	Value	19.2	271	°C	Value	Not Available	-	
h. Temperature (summer)		Value	39.4	Value	Value	30.5	279	°C	Value	Not Available	-	
i. pH		Minimum	Maximum	Minimum	Maximum	███████████	███████████	132	STANDARD UNITS	███████████	███████████	███████████
j. MARK X	2	MARK X										
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present in column 2a for any pollutant which is limited either directly or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.												
1. POLLUTANT	2. MARK X	3. UNITS (specify if blank)	4. INTAKE (optional)									
CAS NO. (if applicable)	TYPE OF POLLUTANT	a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30-DAY VALUE (if available)	c. LONG TERM AVG. VALUE (if available)	d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE	b. NO. OF ANALYSES			
a. Bromide (29399-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	56.7	65,371		51.5	43,166	2	mg/L	lbs	60.6	50,793
b. Chlorine, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.20	231		0.04	34	950	mg/L	lbs	0.02	17
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	495	-		495	-	2	nm	-	498	-
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7	-		<3	-	2	MPN	-	<2	-
e. Fluoride	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.4	7,379		3.2	2,682	2	mg/L	lbs	3.2	2,682
f. Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<0.01	<5		<0.008	<4	2	mg/L	lbs	<0.008	<4

ITEM V-B CONTINUED FROM FRONT

POLUT.	2. MARK X IF USED AS TEST ITEM	3. UNITS (specify if blank)	4. INTAKE (Optional)		
			a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM TARGET VALUE (if available)
ANT AND CARS (if available)		(b) Mass Concentration	(d) Mass Concentration	d. NO OF ANALYSIS (01449)	b. NO OF ANALYSES (01449)
g. Nitrogen Total Organic (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/> <0.2	<115	<0.2	<84
h. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.5	576	<0.5	<210
i. Pathogenic Organisms (as P) (7728-14-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.16	184	0.12	100
j. Radioactivity					
l. 1. Alpha Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
l. 2. Beta Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
l. 3. Radium Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
l. 4. Radium 226 Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>			
k. Sulfate (as SO ₄) (7488-73-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2,770	3.2EE6	2,720	2.3EE6
l. Sulfide (as S) (4236-45-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/> <0.1	<58	<0.1	<42
m. Sulfite (as SO ₃) (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> <2	<1,153	<2	<838
n. Surfactants	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.1	115	0.06	50
o. Aluminum Total (7429-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 60.6	70	34.8	29
p. Barium Total (7440-39-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 9.0	10	8.8	7
q. Boron Total (7440-42-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 4.0	4,612	3.7	3,101
r. Cobalt Total (7440-48-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1.3	1	1.2	1
s. Iron Total (7439-94-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.1	115	0.1	84
t. Magnesium Total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1,398	1.5EE6	1,358	1.1EE6
u. Molybdenum Total (7439-96-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 15.7	18	14.6	12
v. Manganese Total (7439-97-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 6.5	7	4.0	3
w. Tin Total (7440-31-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.3	346	0.2	168
x. Thallium Total (7440-32-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 16.8	19	16.8	14

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (Copy from Item 1 of Form 1) **OUTFALL NUMBER
002A**
CAD000633248

PART C: If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a (secondary industries, non-process wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2-b for each pollutant you believe is absent. Mark "X" in column 2-c for each pollutant you believe is present. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater, if you mark column 2b for acrolein, acrylonitrile, 2,4-dinitrophenol, or 2-methyl-4,6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you will discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See Instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)	2. MARK "X"	2. EFFLUENT		3. UNITS		4. INTAKE (optional)	
		a. TEST-REQUIRED	b. BE-LIEVED-PRESENT	c. BE-LEAVE-D-ABSEN-T	d. MAXIMUM DAILY VALUE (if available)	e. LONG TERM AVERG. (if available)	f. NO. OF ANALYSIS
METALS, CYANIDE, AND TOTAL PHENOLS							
1M Antimony, Total (7440-36-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2M Arsenic, Total (7440-38-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3M Beryllium, Total (7440-41-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4M Cadmium, Total (7440-43-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5M Chromium, Total (7440-47-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6M Copper, Total (7440-50-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7M Lead, Total (7439-92-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8M Mercury, Total (7439-97-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9M Nickel, Total (7440-00-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10M Selenium, Total (7782-49-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11M Silver, Total (7440-22-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12M Thallium, Total (7440-28-0)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13M Zinc, Total (7440-86-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14M Cyanide, Total (67-12-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15M Phenols, Total (1364-01-6)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DOXIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		DESCRIBE RESULTS Not Detected					

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1. POLLUTANT	2. MARK X	3. TESTED INGREDIENTS CAS NO. (if available)	4. BE- LIEVED PRESENT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
				a) CONCENTRATION	b) MASS	c) MAXIMUM DAILY VALUE	d) LONG TERM AVERAGE VALUE (if available)	e) NO. OF ANALYSES	f) LONG TERM AVERAGE VALUE (if available)
GC/MS - VOLATILE COMPOUNDS									
1V. Acrolein (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	8	ug/L
2V. Acrylonitrile (107-13-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND
3V. Benzene (7-13-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4V. Bis(Chloro- methyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5V. Bromotoluene (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6V. Carbon Tetrachloride (56-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8V. Chlorodi- bromomethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9V. Chloroform (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10V. 2-Chloro- ethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11V. Chloroform (57-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12V. Dichloro- bromoethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13V. Dichloro- difluoromethane (107-05-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14V. 1,1-Dichloro- ethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15V. 1,2-Dichloro- ethane (78-97-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16V. 1,3-Dichloro- propane (542-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17V.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethylbenzene (100-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20V. Methyl Bromo- (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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EPA I.D. NUMBER (copy from Item 1 of Form 1)

CAD000633248

OUTFALL NUMBER

002A

1. POLLUTANT AND CAS NO. (if available)		2. MARK XX		3. BEHELD PRESENT		4. IN TAKE (optional)	
a. TEST REQUIRED	b. BEHELD PRESENT	c. BEHELD ABSENT	d. MAXIMUM DAILY VALUE	e. MAXIMUM 30 DAY VALUE (available)	f. LONG TERM AVERAGE VALUE (available)	g. NO. OF ANALYSES	h. NO. OF ANALYSES
LOCATION	CONCENTRATION	CONCENTRATION	(1) MASS	(2) MASS	(3) MASS	D. CONCENTRATION	E. CONCENTRATION
GC/MS - VOLATILE COMPOUNDS (continued)							
2617-12-2 Chloroform (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Chloroethane (79-34-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Ethyl acetate (122-48-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Oluene (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Trans 2-chloroethylene (166-80-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Chloroethane (71-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Chloroethane (79-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Ethyl chloride (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2617-12-2 Toluene (75-89-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
311-65-9 Chloride (76-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GC/MS FRACTION - ACID COMPOUNDS							
162-Chlorophenoxy (65-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2A-4-Dichloro- phenol (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3,3'-4,4'-Biphenyl- diphenol (105-67-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4A-4-Biphenol- O-cresol (534-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5A-2,2-Dinitro- phenol (51-28-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6A-2-Nitro- phenol (BB-75-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A-4-Nitro- phenol (100-02-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8A-P-Chloro- Macrocetol (59-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9A-Penta- chlorophenol (67-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10A-Phenol (10-95-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11A-2,2-Dinitro- phenol (GB-062)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1 POLLUTANT AND TESTING REQUIRED (if available)	2 MARK X IF PRESENT	3 UNITS (Specify if blank)	4 INTAKE (optional)							
			a TESTED	b BELEVED PRESENT	c BELEVED ABSENT	d LONG TERM AVERAGE VALUE	e LONG TERM AVERAGE VALUE (if available)	f NO OF ANALYSIS		
CAS NO.			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS										
18 Acetophenone (83-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Acetophenone (203-36-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43 Benzidine (92-67-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53 Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63 Benzo (a) Pyrene (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75B 34 Benzo Ijogenanthene (203-992)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93 Benzo (K) Fluoranthene (201-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1B) Bis-(2-Chloroethyl) Vaseline (311-09-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1B 1,2-Dichloro- Ethyl Ether (113-64-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2B) Bis-(2-Chloroisopropyl) Ether (102-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B Bis(2-Ethyl- hexyl) Phthalate (117-31-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43B Bromo- phenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B Butyl Benzyl Phthalate (95-69-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B 2-Chloro- Caprophenol (61-68-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17B 4-Chloro- phenyl Phenyl Ether (101-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17B Chloro- Benzene (53-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30B 1,2-Dibromo- benzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21B 1,4-Dibromo- Benzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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EPA ID. NUMBER (copy from Item 1 of Form 1)
CAD000633248OUTFALL NUMBER
002A

1. POLLUTANT AND TEST INGREDIENTS (if available)		2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)	
CAS NO. / NAME / SYNTHETIC ROUTE	TEST REQUIRED	BASE LEVEL PRESENT	C. BE- LIEVED ABSENT	A. MAXIMUM DAILY CONCENTRATION	B. MAXIMUM DAILY VALUE	C. LONG TERM AVERAGE CONCENTRATION	D. NO. OF ANALYSES
				(1) CONCEN- TRATION	(2) MASS	(3) CONCEN- TRATION	(4) MASS
GC/MS BASENEUTRAL COMPOUNDS (continued)							
228-14-Dichloro- benzene (10646-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
228-53-Diethyl- benzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
248-Diethyl- Phthalate (84-56-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
258-Dimethyl- Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
268-DiMBAlyl- Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
278-2,4-Dinitro- toluene (206-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
298-Di-N-Octyl- Phthalate (117-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
318-12-Diphenyl- hydrazine (as Azobenzene) (122-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
318-Hexameth- ylenetetrone (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
328-Fluorene (95-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
338-Hexa- chlorobutene (118-74-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
345-Hexa- chlorobutene (87-68-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
358-Hexaethoxy- cyclohexadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
368-Hexa- chlorobutane (97-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
378-Indeno- (1,2,3-oo)-Pene (193-33-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
388-Isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
398-Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
408-Nitroperylene (26-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
418-N,N-Nitro- sedimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
428-N,N-Nitro- Propanamine (62-16-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1. POLLUTANT	2. MARK X	3. UNITS (specify if blank)	4. INTAKE (optional)								
			a. TEST- INGRE- DIENT QUERED	b. BE- LIEVED PRE- SENT	c. SE- NDED ABSENCE	d. MAXIMUM DAILY VALUE (if available)	e. LONG TERM AVEG. VALUE (if available)	f. NO OF ANALYS- ES	g. LONG TERM AVERAGE VALUE	h. NO OF ANALYS- ES	
1. ANT AND CAS NO. (# available)	2. CONCENT- RATION	3. CONCENT- RATION	4. MASS	5. CONCENT- RATION	6. MASS	7. CONCENT- RATION	8. MASS	9. CONCENT- RATION	10. MASS	11. CONCENT- RATION	12. MASS
GCMS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)											
43B Nitro scopolamine (86-30-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44B Phenacetin (88-07-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45B Pyrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46B 1,2,4-Tri- chlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GCMS FRACTION - PESTICIDES											
1P Aldrin (398-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2P-BHC (319-88-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4P-BHC (63-19-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.003 <0.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP-6BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6P Chlordane (67-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.006 <0.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7P-4,4'-DDT (50-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.01 0.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BP-4,4'-DDF (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9P-4,4'-DDC (72-54-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10P-Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11P-a-Endo- sulfan (115-26-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.005 <0.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12P-β-Endo- sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13P-α-Endo- sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14P-Ecdithrin (72-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.01 0.01	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15P-Ecdithrin Aldendide (72-19-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16P-Hepha- chlor (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1) OUTFALL NUMBER
CAD000633248 **002A**

1. POLLUTANT AND CAS NO. (if available)	2. MARK X a. TEST INCREDI- BLY PRE- SENT	b. BE- LIEVED ABSENT	c. BE- LIEVED ABSENT	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
				a. MAXIMUM DAILY VALUE (if available)	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSES	e. LONG TERM AVERAGE VALUE (if available)	f. NO. OF ANALYSES
GC/MS - PESTICIDES (continued)				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
12P-Hexachloro-Epoxide (10245-77-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.003	<0.01	ND	-
18P-PCB-1242 (53469-21-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND			<input type="checkbox"/>	<input type="checkbox"/>
19P-PCB-1264 (11007-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20P-PCB-1221 (11104-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21P-PCB-1232 (11111-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22P-PCB-1248 (12822-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23P-PCB-1260 (11066-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24P-PCB-1016 (12644-1-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25P-1044- phone (6001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes: 1. The Effluent Long-term Average is based on all six outfalls.

2. The Maximum Daily Value is based on two samples from outfall 002A.

ND – Not Detected

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (*use the same format*) instead of completing these pages. **SEE INSTRUCTIONS.**

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD000633248

V. INTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2.C)

WINNAGE AND CHAIPAC (continued from page 3 of Form 2)

1. POLLUTANT		2. EFFLUENT		3. UNITS (specify if blank)		4. INAKE (optional)					
	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	e. LONG TERM AVERAGE VALUE (if available)	f. NO. OF ANALYSES					
CONCENTRATION C (mass)	CONCENTRATION C (mass)	CONCENTRATION C (mass)	CONCENTRATION C (mass)	a. CONCEN- TRATION	b. MASS CONCENTRATION	f. MASS CONCENTRATION					
a. Biochemical Oxygen Demand (BOD)	19	21,906	10	8,382	2	mg/L	lbs	4	3,353	2	
b. Chemical Oxygen Demand (COD)	800	922,337	600	612,992	2	mg/L	lbs	540	452,612	2	
c. Total Organic Carbon (TOC)	0.2	231	0.2	168	2	mg/L	lbs	<0.2	<84	2	
d. Total Suspended Solids (TSS)	9.9	11,414	7.6	6,370	2	mg/L	lbs	5.3	4,442	2	
e. Ammonia (as N)	<0.2	115	<0.2	<84	2	mg/L	lbs	<0.2	<84	2	
f. Flow	Value	Value	Value	Value	Value	Value	Value	Value	Value	Value	
g. Temperature (winter)	Value	Value	Value	Value	100,500,000	1,004	gal/day	-	100,500,000	1,004	
h. Temperature (summer)	Value	Value	Value	Value	19.2	271	°C	Value	Not Available	-	
i. pH	Minimum	Maximum	Minimum	Maximum	30.5	279	°C	Value	Not Available	-	
							STANDARD UNITS				
							132				
PART B - Mark X in column 2-a for each pollutant you know or have reason to believe is present. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data, or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.											
1. POLLUTANT AND CAS NO. // available		2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)					
	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (if available)	d. NO. OF ANALYSIS	e. LONG TERM AVERAGE VALUE (if available)	f. NO. OF ANALYSES					
CONCENTRATION C (mass)	CONCENTRATION C (mass)	CONCENTRATION C (mass)	CONCENTRATION C (mass)	a. CONCEN- TRATION	b. MASS CONCENTRATION	f. MASS CONCENTRATION					
a. Bromide	<input checked="" type="checkbox"/>	<input type="checkbox"/> 56.7	65,371	51.5	43,166	2	mg/L	lbs	60.6	50,793	2
b. Chlorine	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.20	231	0.04	34	950	mg/L	lbs	0.02	17	2
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/> 495	-	495	-	2	nm	-	498	-	2
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/> 7	-	<3	-	2	MPN	-	<2	-	2
e. Fluoride	<input checked="" type="checkbox"/>	<input type="checkbox"/> 6.4	7,379	g.mean		100ml	lbs	3.2	2,682	2	<0.008
f. Nitrate	<input checked="" type="checkbox"/>	<input type="checkbox"/> <0.01	<5	<0.008	<4	2	mg/L	lbs	<0.008	<4	2

PART B Mark "X" in column 2-a for each pollutant you believe is present. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data, or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. // available	2. MAXIMUM DAILY VALUE	3. UNITS	4. INTAKE (optional)		
			a. MAXIMUM DAILY VALUE available	b. LONG TERM AVERAGE VALUE (if available)	c. NO. OF ANALYSIS
Nitrogen	<input checked="" type="checkbox"/> <0.2	<115		<0.2	<84
Total Organic Nitrogen (as N)	<input checked="" type="checkbox"/> 0.5	576		<0.5	<210
Oil and Grease	<input checked="" type="checkbox"/> 0.16	184		0.12	100
Phosphorous (as P) Total (7.23-14.0)				2	mg/L
Radioactivity					lbs
(1) Alpha	<input type="checkbox"/>	<input checked="" type="checkbox"/>			mg/L
Other	<input type="checkbox"/>	<input checked="" type="checkbox"/>			lbs
(2) Beta	<input type="checkbox"/>	<input checked="" type="checkbox"/>			mg/L
Total					lbs
(3) Radium	<input type="checkbox"/>	<input checked="" type="checkbox"/>			mg/L
Total					lbs
(4) Radium 226 Total					mg/L
Sulfate (as SO ₄) (7460-87-8)	<input checked="" type="checkbox"/>	2,770	3.2EEE6	2,720	2.3EEE6
Sulfide (as S)	<input checked="" type="checkbox"/>	<0.1	<58	<0.1	<42
Total Sulfide (as S) (14233-55-2)	<input checked="" type="checkbox"/>	<2	<1,153	<2	<838
Surfactants	<input checked="" type="checkbox"/>	0.1	115	0.06	50
Aluminum Total (7429-90-5)	<input checked="" type="checkbox"/>	60.6	70	34.8	29
Boron Total (7440-39-3)	<input checked="" type="checkbox"/>	9.0	10	8.8	7
Chromium Total (7440-42-8)	<input checked="" type="checkbox"/>	4.0	4,612	3.7	3,101
Cobalt Total (7440-48-4)	<input checked="" type="checkbox"/>	1.3	1	1.2	1
Iron Total (7439-99-4)	<input checked="" type="checkbox"/>	0.1	115	0.1	84
Magnesium Total (7439-95-4)	<input checked="" type="checkbox"/>	1,398	1.5EEE6	1,358	1.1EEE6
Molybdenum Total (7439-98-7)	<input checked="" type="checkbox"/>	15.7	18	14.6	12
Vanadium Total (7440-3-5)	<input checked="" type="checkbox"/>	6.5	7	4.0	3
W. Tin Total (7440-3-5)	<input checked="" type="checkbox"/>	0.3	346	0.2	168
Zirconium Total (7440-32-6)	<input checked="" type="checkbox"/>	16.8	19	16.8	14

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD00633248OUTFALL NUMBER
002B

PART C: If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2. In the instructions to determine which of the GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols, if you are not required to mark column 2-a (secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions), mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater, if you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4,6-dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. (if available)		2. MARK 'X'		3. UNITS (specify if blank)		4. INTAKE (optional)	
a. TEST- ING RE- QUIRED	b. BE- LIEVED PRE- SENT	c. BE- LIEVE- D ABSEN- T	d. MAXIMUM DAILY VALUE (if available)	e. MAXIMUM 30 DAY VALUE (if available)	f. LONG TERM AVERG. VALUE (if available)	g. NO. OF ANALYSES	h. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(2) MASS
METALS, CYANIDE, AND TOTAL PHENOLS							
Im. Antimony, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	-	8 ug/L lbs 3.8 3 8
2M. Arsenic, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	12.2	10 "	ug/L lbs 13.0 11 "
3M. Beryllium, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	- "	ug/L lbs ND - "
4M. Cadmium, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	- "	ug/L lbs ND - "
5M. Chromium, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	9.2	8 "	ug/L lbs 9.6 8 "
6M. Copper, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9.6	11	10.9	9 "	ug/L lbs 10.2 9 "
7M Lead, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.6	1	0.8	1 "	ug/L lbs 1.0 1 "
8M Mercury, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	0.3	<1 "	ug/L lbs 0.2 <1 "
9M Nickel, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	21.7	25	23.2	19 "	ug/L lbs 21.4 18 "
10M Selenium, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	4.5	4 "	ug/L lbs 2.7 2 "
11M Silver, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	- "	ug/L lbs ND - "
12M Thallium, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	- "	ug/L lbs ND - "
13M Zinc, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	8.6	10	43.3	36 "	ug/L lbs 51.2 43 "
14M Cyanide, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	0.7	1 "	ug/L lbs 0.7 1 "
15M Phenols, Total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	- "	ug/L lbs ND - "
DOXIN							
2,3,7,8-tetrachlorodibenzo-p-dioxin (TCDD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	DESCRIBE RESULTS Not Detected				

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAST NO. (if available)	2. MARK X TESTING REQUIRED	3. BE- LIEVED PRE- SENT	4. TEST MAXIMUM DAILY VALUE	5. LONG TERM AVERAGE VALUE (if available)		6. NO. OF ANALYSES	
				(1) CONCENTRATION	(2) MASS RATIO		
GC/MS - VOLATILE COMPOUNDS							
1V Acetone (10-02-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acetophenone (107-3-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3V Benzene (7-14-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4V Bis (Chloromethyl) Ether (542-28-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5V Bromobutane (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6V Carbon Tetrachloride (66-2-45)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7V Chloroform (106-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8V Chlorofluorobromomethane (12-4-64)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9V Ethanolamine (75-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10V 2-Chloroethylvinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11V Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12V Dichlorodibromoethane (75-7-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13V Dichlorodifluoromethane (76-7-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14V 1-Dichloroethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15V 1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16V 1,3-Dichloroethane (75-33-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17V 2-Dichloropropane (75-37-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18V 1,3-Dichloropropylene (542-26-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19V Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20V Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21V Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM PAGE V-4

EPA I.D. NUMBER (copy from Item 1 of Form 1) **CAD000633248**OUTFALL NUMBER **002B**

1. POLLUT- ANT AND CAS NO. (if available)	2. TEST- ING RE- QUIRED	3. MARK X		4. INTAKE (optional)	
		b. BE- LIEVED PRE- SENT	c. BE- LIEVED ABSENT	d. NO. OF SAMPLES (Available)	e. LONG TERM AVERAGE VALUE
22-Vinylidene chloride (75-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-
237-nitrofuran Chloroethane (79-34-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
24-Vinylidene chloride (27-18-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
25-Vinyl Toluene (106-18-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
26V-1,2-Trans- Dibromoethylene (56-05-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
27-Vinylidene chloroethane (71-55-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
28V-1,1,2,2-Tri- methylbenzene (76-00-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
28V-Trichloro- ethylene (79-01-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
29V-Trichloro- vinylidene (76-66-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
31V-Vinyl Chloride (75-01-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
GC/MS VOLATILE COMPOUNDS (continued)					
A2-Chlorophenol (95-51-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-
A2,4-Dihydro- phenol (120-43-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,4-Dimethyl- phenol (105-57-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,6-Dinitro- Ocic acid (534-52-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,2-Dinitro- phenol (51-26-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,2-Nitro- phenol (88-75-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,4-Nitro- phenol (100-02-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
Beta-Chloro- MCresol (69-50-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
Butanone (87-86-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
10A-Phenol (110-95-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
11A-2,4-Dinitro- Chlorophenol (88-00-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
GC/MS FRACTION ACID COMPOUNDS					
A2-Chlorophenol (95-51-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-
A2,4-Dihydro- phenol (120-43-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,4-Dimethyl- phenol (105-57-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,6-Dinitro- Ocic acid (534-52-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,2-Dinitro- phenol (51-26-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,2-Nitro- phenol (88-75-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
A2,4-Nitro- phenol (100-02-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
Beta-Chloro- MCresol (69-50-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
Butanone (87-86-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
10A-Phenol (110-95-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
11A-2,4-Dinitro- Chlorophenol (88-00-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"

CONTINUED FROM THE FRONT

POLLUTANT AND CAS NO. (if available)	TESTING REQUIRED	MARK X	2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
			D-BE LIEVED PRESENT	C-BE LIEVED ABSENT	A. MAXIMUM DAILY VALUE	B. LONG TERM AVERAGE VALUE	C. NO. OF ANALYSES	D. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
GC/MS FRACTION BASE/NEUTRAL COMPOUNDS								
1B. Acetophenone (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2B. Acetone (205-96-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3B. Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4B. Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5B. Benzo(a)Anthracene (66-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6B. Benzo(a)Pyrene (50-50-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7B. 4,4'-Bis(2,6-difluorophenoxy)Benzene (205-93-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8B. Benzo(a)Perylene (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9B. Benzo(a)Fluoranthene (207-00-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10B. Bis(2-Chloroethoxy)Methane (11-19-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11B. Bis(2-Ethoxyethyl)Ether (101-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12B. Bis(2-Chloroethyl)Sulfide (200-59-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13B. Bis(2-Ethylhexyl)Phthalate (117-61-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14B. 4-Bromophenyl Phenyl Ether (100-55-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15B. Butyl Benzyl Phthalate (85-69-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16B. 2-Chloro-Isopropylidene (91-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17B. 4-Chlorophenyl Phenyl Ether (100-55-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18B. Chrysene (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19B. Diphenyl Ether (100-42-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20B. Anthracene (153-70-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21B. 1,3-Dichlorobenzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			ND	-	8	ug/L	lbs	ND
								-
								8

1. POLLUTANT AND GAS NO. (if available)	2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)	
	a. TEST INCUBATED	b. BE-LIVED PRE-SENT	c. MAXIMUM DAILY CONCENTRATION	d. MAXIMUM 30 DAY VALUE (available)	e. LONG TERM AVERAGE CONCENTRATION	f. NO. OF ANALYSES
			(1) MASS	(2) MASS	(1) MASS	(2) MASS
GC/MS - BASE/NEUTRAL COMPOUNDS (continued)						
288-14-Diethylbenzene (106-487)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-
288-15-Diethoxybenzidine (51-941)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
248-Diethylphthalate (14-562)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
258-Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
268-Dimethyl Phthalate (131-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
288-24-Dinitrotoluene (606-202)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
288-Dinitrophenol (117-84-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
328-12-Diphenylhydrazine Azobenzene (122-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
318-Fluoranthene (206-42-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
328-Europrene (66-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
338-Hexachloro-cyclohexadine (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
368-Hexachloroethane (57-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
318-Indane (1,2,3,4-Perene (193-39-5))	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
308-isophorone (78-59-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
318-Naphthalene (51-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
418-Nitrobenzene (108-95-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
418-Nitrosodimethylamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-
418-Nitrosodimethylamine (62-66-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-

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1. POLLUTANT	2. MARK X	3. BEHELD PRESENT	4. INTAKE (optional)	5. UNITS		6. MAXIMUM DAILY VALUE		7. EFFECTIVE		8. MAXIMUM 30 DAY VALUE		9. LONG TERM AVERAGE VALUE		10. NO. OF ANALYSES	
				a. TEST-INGREDIENTS REQUIRED	b. TEST-INGREDIENTS PRESENT	c. CONCENTRATION	d. CONCENTRATION	e. CONCENTRATION	f. CONCENTRATION	g. CONCENTRATION	h. CONCENTRATION	i. CONCENTRATION	j. CONCENTRATION	k. CONCENTRATION	l. CONCENTRATION
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)															
43B Nitrosophenylamine (86-10-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	-	8	ug/L	lbs	ND	-	8
45B Phenanthrene (91-71-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
45B Pyrene (126-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
46B 1,2,4-Tri- chlorobenzene (120-82-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
GC/MS FRACTION - PESTICIDES															
1P Aldrin (399-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	ND	-	8	ug/L	lbs	ND	-	8
2P-4-BHC (319-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.01	0.01	ND	"	-	"	"	"	"	"	"
4P-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	-	"	"	"	"	"	"
5P-8-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
8P-Chlordane (57-74-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
7P-44-DDT (56-29-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
8P-4,4'-DDDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
9P-4,4'-DDDD (12-54-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
10P-Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
11P- & Endosulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
12P- & Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
14P-Ecdrin (12-20-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	-	"	"	"	"	"	"
15P-Ecdrin Alderyde (742-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	0.01	0.01	ND	"	-	"	"	0.006	<0.01	"	"
16P-Hepa- chlorophenylamine (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	"	-	"	"	ND	-	"	"

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD000633248OUTFALL NUMBER
002B

1. POLLUTANT AND CAS NO. (if available)		2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)	
a. TEST INGREDIENT	b. BE LIEVED PRESENT	c. BE ABSENT	d. MAXIMUM DAILY VALUE	e. MAXIMUM 30 DAY VALUE (if available)	f. LONG TERM AVERAGE VALUE (if available)	g. LONG TERM AVERAGE VALUE (if available)	h. NO. OF ANALYSES
(1) CONCENTRATION	(2) MASS	(3) CONCENTRATION	(4) CONCENTRATION	(5) CONCENTRATION	(6) CONCENTRATION	(7) CONCENTRATION	(8) CONCENTRATION
GC/MS - PESTICIDES (continued)							
1,P-Hexachloro Epoxyde	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
1,024,477-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
18P-PCB-1242	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
153,6921-9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
19P-PCB-1254	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(11387-69-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
20P-PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(11387-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
21P-PCB-1222	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(11387-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
29P-PCB-1238	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(126,229-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
23P-PCB-1230	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(11396-82-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
24P-PCB-1018	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(12674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
25-P-Toluene phene (800-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-

Note: 1. The Effluent Long-term Average is based on all six outfalls.
 2. The Maximum Daily Value is based on a single sample from outfall 002B.

ND – Not Detected

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD000633248

VINTAKE AND EFFLUENT CHARACTERISTICS (continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each pollutant. See instructions for additional details.

2. EFFLUENT

1. POLLUTANT	a. MAXIMUM DAILY VALUE CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)	b. MAXIMUM 30 DAY VALUE CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)	c. LONG TERM AVG. VALUE CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)	d. NO. OF ANALYSIS	3. UNITS (specify if blank)	4. INTAKE (optional)	
						a. LONG TERM CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)	b. MASS CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)
a. Biochemical Oxygen Demand (BOD)	8	15,372	5	5,761	2	mg/L	lbs
b. Chemical Oxygen Demand (COD)	600	1,2EE6	500	640,095	2	mg/L	lbs
c. Total Organic Carbon (TOC)	0.4	769	0.3	384	2	mg/L	lbs
d. Total Suspended Solids (TSS)	5.6	10,761	5.4	6,849	2	mg/L	lbs
e. Ammonia (as N)	<0.2	<192	<0.2	<128	2	mg/L	lbs
f. Flow	230,400,000	Value	Value	153,500,000	1,004	gal/day	Value
g. Temperature (winter)	Value	27.8	Value	23.3	271	°C	Value
h. Temperature (summer)	Value	36.1	Value	32.8	279	°C	Value
i. pH	7.48	8.88	Minimum	Maximum	132	STANDARD UNITS	
2. MARK X							
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant which is limited either directly or indirectly by an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2-a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each pollutant. See the instructions for additional details and requirements.							
1. POLLUTANT CAS NO. (if available)	a. MAXIMUM DAILY CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)	b. MAXIMUM 30 DAY CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)	c. LONG TERM AVG. VALUE CONCENTRATION (¹ MASS CONCENTRATION IF AVAILABLE)	d. NO. OF ANALYSIS	3. UNITS (specify if blank)	4. INTAKE (optional)	
a. Bromide (24939-67-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.30	576	0.02	26	950 mg/L	lbs
b. Chlorine Residual	<input checked="" type="checkbox"/>	<input type="checkbox"/> 60.2	115,676	495	-	nm	-
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/> 495	-	5	-	2 MPN/100ml	-
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/> 30	-	g.mean	-	<2	-
e. Fluoride (16944-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 6.9	13,259	3.5	4,481	2 mg/L	lbs
f. Nitrate Nitrite (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1.4	2,690	0.7	899	2 mg/L	lbs

ITEM V-B CONTINUED FROM FRONT

ITEM	2. MARK X TO POLLUTANT NAME OR SYNTHETIC NAME IF AVAILABLE	3. MAXIMUM DAILY VALUE (if available)	4. MAXIMUM 30 DAY VALUE (if available)	2. EFFLUENT		3. UNITS (specify if blank)		4. IN VAKE (optional)	
				5. MAXIMUM CONCENTRATION in mg/l	6. LONG TERM AVERAGE VALUE in mg/l	7. NO. OF ANALYSES	8. LONG TERM AVERAGE VALUE in mg/l	9. NO. OF ANALYSES	10. COMMENTS (if applicable)
g. Nitrogen (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.3	<input type="checkbox"/> 576		0.2	256	2	mg/l	lbs
h. Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.5	<input type="checkbox"/> 961		0.5	640	2	mg/l	lbs
i. Phosphorus (as P) Total (7728-14-D)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.13	<input type="checkbox"/> 250		0.10	128	2	mg/l	lbs
j. Radioactivity									
(1) Alpha	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
(2) Beta	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
(3) Radium	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>							
(4) Radium 226 Total (7426-7548)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2,840	<input type="checkbox"/> 5.4EE6		2,605	3.3EE6	2	mg/l
k. Sulfate (as SO ₄)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<0.1	<96		<0.1	<64	2	mg/l
l. Sulfide (as S)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<2	<1,922		<2	<1,280	2	mg/l
m. Sulphite (as SO ₃) (7426-453)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.1	192		0.06	77	2	mg/l
n. Surfactants	<input type="checkbox"/>	<input checked="" type="checkbox"/>	82.3	158		65.4	84	2	ug/l
o. Aluminum Total (7429-90-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14.7	28		13.8	18	2	ug/l
p. Barium Total (7440-39-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4.1	7,878		3.6	4,609	2	mg/l
q. Boron Total (7440-42-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1.7	3		1.4	2	2	ug/l
r. Cobalt Total (7440-48-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.1	192		0.1	128	2	mg/l
s. Iron Total (7439-80-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1,345	2.6EE6		1,310	1.7EE6	2	mg/l
t. Manganese Total (7439-95-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15.6	30		15.2	19	2	ug/l
u. Molybdenum Total (7439-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29.2	37		20.6	26	2	ug/l
v. Manganese Total (7439-98-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.3	576		0.2	320	2	mg/l
w. Tin Total (7440-31-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19.5	37		14.8	19	2	ug/L
x. Titanium Total (7440-32-6)	<input type="checkbox"/>	<input checked="" type="checkbox"/>							lbs
									16.0
									20
									2

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD0000633248**OUTFALL NUMBER
003A**

PART C: If you are a primary industry and this outlet contains process wastewater, refer to Table 2c-2. If the instructions to determine which of the GCMS fractions that apply to your industry and for all secondary industries (and non-required GCMS fractions), mark "X" in column 2b for each pollutant you know or have reason to believe is present. Mark "X" in column 2a for any pollutant you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of a test or analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for each of these discharges concentrations of 10 ppb or greater. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that your discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table (all 7 pages) for each outlet. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. / available	2. MARK X	2. EFFLUENT			3. UNITS (specify if blank)			4. INTAKE (optional)				
		a. TEST-REQUIRED	b. BEING REQUIRED PRESENT	c. BELEIEVEABLE	d. MAXIMUM DAILY VALUE (if available)	e. MAXIMUM 30 DAY VALUE (if available)	f. CONCENTRATION (1) MASS	(2) MASS	g. LONG TERM AVERAGE VALUE (if available)	h. NO. OF ANALYSIS	i. NO. OF ANALYSIS	j. NO. OF ANALYSES
METALS, CYANIDE, AND TOTAL PHENOLS												
1M Arsenic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 7440-36-0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2M Arsenic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 7440-38-2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3M Beryllium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-41-7					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4M Cadmium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-43-9					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5M Chromium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-47-3					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6M Copper	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 7440-50-8					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7M Lead	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17439-92-11					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8M Mercury	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17439-97-6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9M Nickel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-02-0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10M Selenium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-49-2					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11M Silver	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-22-0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12M Thallium	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-26-0					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13M Zinc	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 17440-66-6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14M Cyanide	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 574-2-6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15M Phenols	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Total 174-0-6					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIOXIN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE RESULTS Not Detected												

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1. POLLUTANT AND CAS NO. (if available)	2. MARK X TEST INGREDIENTS REQUIRED	3. BE- LIEVED PRE- SENT	4. INTAKE (optional)	2. EFFLUENT		3. UNITS (Specify if blank)		4. LONG TERM AVERAGE VALUE		5. LONG TERM AVERAGE VALUE (if available)		6. NO. OF ANALYSIS	
				a) CONCENTRATION	b) MASS	c) CONCENTRATION	d) MASS	e) CONCENTRATION	f) MASS	g) CONCENTRATION	h) MASS	i) CONCENTRATION	j) MASS
GCMS - VOLATILE COMPOUNDS													
1V. Acetoin (107-02-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	
2V. Acrylonitrile (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
3V. Benzene (7-14-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
4V. Bis (Cyanomethyl) Ether (542-88-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
5V. Bromoform (75-25-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
6V. Carbon Tetrachloride (66-23-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
7V. Chlorobenzene (108-90-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
8V. Chloroform (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
9V. Chloroethane (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
10V. 2-Chloroethyl vinyl Ether (110-75-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
1AV. Chloroform (67-64-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
12V. Dichloro-bromoethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
13V. Dibromo-dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
14V. 1,1-Dichloro-ethane (75-34-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
15V. 1,2-Dichloro-propane (78-87-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
16V. 1,3-Dichloropropane (542-76-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
19V. Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
20V. Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	
21V. Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	

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EPA I.D. NUMBER (copy from Item 1 of Form 1)
CAD000633248OUTFALL NUMBER
003A

POLLUTANT AND CAS NO. (if available)	2. MARK X		3. UNITS		4. INTAKE (optional)	
	a. TEST INGREDIENTS	b. BE- LIEVED PRE-SENT	c. BE- LIEVED ABSENCE		d. LONG TERM AVERAGE VALUE	
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS
GC/MS VOLATILE COMPOUNDS (continued)						
22-Vinylene Chloride	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-
23-Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
24-Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
24-Ethylchloro- ethylene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
257-Oleane (108-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
267-1,2-trans-Dichloroethylene (156-80-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
271-Chloroethane	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
287-1,2,4-trichloroethane (76-90-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
29-Chlorotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
6-Methyl-2,4-pentanediol (79-01-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
307-Trichloro-fluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
31-Vinyl Chloride (75-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
GC/MS FRACTION-ACID COMPOUNDS						
162-Chlorophenoxy (65-57-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-
24-Chlorobenzoic acid (120-83-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
3,4,4'-Biphenylphenol (105-87-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
4,4'-Dinitrophenol (54-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
4,4'-Dinitrophenol (54-16-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
7-A-4-Nitrophenol (100-06-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
8-A-Chloro-4-nitrophenol (39-50-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
9-A-Penta-chlorophenol (57-86-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
10-A-6-nitro-2,4-dinitrophenol (101-55-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"
11-D,2,2,2,2-tetrachlorophenoxy (88-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"

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1. POLLUTANT AND CAS NO. (if available)	2. MARK X TEST REQUIRED	3. b BE- LIEVED PRE- SENT	4. MAXIMUM DAILY VALUE	5. MAXIMUM 30-DAY AVERAGE VALUE		6. LONG TERM AVERAGE VALUE (if available)	7. NUMBER OF ANALYSES	8. IN TAKE (optional)	
				(1) CONCENTRATION	(2) MASS			(1) b MASS	(2) MASS
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS									
1B Acetonitrile (63-32-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	8	ug/L
2E Acenaphthene (205-36-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	ND
3B Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
1B Benzidine (92-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
6B Benzo (a) Anthracene (56-55-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
6B Benzo (a) Pyrene (60-32-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
7B 1-Benzoyl Naphthalene (205-03-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
8B Benzo (1,2) Pyrene (191-22-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
9B Benzo (k) Fluoranthene (204-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
10B Bis (2- Chlorohenoxy) Methane (111-31-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
11B 2-Chloro- ethyl Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
2B Bis (2- Chloroisopropyl) Ether (102-65- 10B Bis (2-Chloro- ethyl) Phthalate (117-38-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
14B 2-Bromo- phenyl Phenyl Ether (102-65-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
15B Butyl Benzyl Phthalate (85-86-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
16B 2-Chloro- naphthalene (91-56-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
17B 4-Chloro- Phenyl Phenyl Ether (102-24-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
18B Chrysene (128-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
19B Phenol (77-10- 15B Anthracene (59-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
20B Tetrachloro- Benzene (95-56-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"
21B 1,4-Dihydro- Benzene (54-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"

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1 POLLUTANT AND CAS NO. (if available)	2 MARK X TESTING REQUIRED	b BELEVED PRESENT	c BELEVED ABSENT	3. MAXIMUM DAILY CONCENTRATION		4. INTAKE (optional)	
				(1) MASS	(2) MASS	a LONG TERM AVERAGE VALUE (available)	b LONG TERM AVERAGE VALUE (available)
26B 1,4-Dichlorobenzene (106-46-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B 4,4'-Dinitrobenzidine (91-94-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2AB Diallyl Phthalate (84-86-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2FE Dimethyl Phthalate (131-1-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B DINonyl Phthalate (48-11-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B 2,4-Dinitrotoluene (608-20-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26B DINonyl Phthalate (117-34-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30B 1,2-Diphenylhydrazine as 4-acenaphthene (121-36-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31B Fluoranthene (206-44-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32B Fluorene (86-73-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33B Hexachlorobutane cyclohexadiene (77-47-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36B Hexachloroethane (67-72-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37B Indeno[1,2,3-c,d]Perylene (19-195-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38B Isophorone (78-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39B Naphthalene (91-20-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40B Nitrosobenzene (96-95-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41B N,N'-Methylenbis sodiumamine (62-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42B N-Nitrosodimethylamine Poppane (62-54-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. / if available	2. MARK X	3. UNITS	4. INTAKE (optional)		
			d. LONG TERM AVERAGE VALUE (if available)	e. MAXIMUM 30 DAY VALUE (if available)	f. NO. OF ANALYSIS
	(1) CONCENTRATION	(2) MASS	(3) CONCENTRATION	(4) MASS	(5) CONCENTRATION
GCMS FRACTION - BASELINE/NEUTRAL COMPOUNDS (continued)					
43B-Nitro-styreneamine (36-50-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ND	-	ND
43B-Pheophytin (56-2-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
45B-Pheo (129-00-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
46B-1,24-Trichlorobenzene (120-85-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
GCMS FRACTION - PESTICIDES					
1P-Aldrin (309-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> ND	-	ND
2P-B-BHC (319-98-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	ND
4P-B-HC (58-89-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
5P-S-BHC (319-88-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
8P-Chlordane (57-74-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
7P-44-DDT (50-29-3)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
8P-44-DDE (72-55-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
9P-44-DDD (72-54-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
10P-Dieldrin (60-57-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
11P-O-Erho-sulfur (115-26-1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
12P-O-Endo-sulfan (115-22-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
13P-Erho-Sulfate (103-07-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
14P-Erhois (72-20-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
15P-Erhois (7401-93-4)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
16P-Hepha-chlor (76-44-8)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"
			ND	-	ND

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1. POLLUTANT AND CAS NO. /# available		2. MARK X		3. UNITS (Specify if blank)		4. INTAKE (optional)	
b. TEST INGREDIENT REQUIRED	c. BELEVED PRESENT	d. MAXIMUM DAILY VALUE	e. LONG TERM AVERAGE VALUE (if available)	f. NO. OF ANALYSIS	g. NO. OF ANALYSIS	h. CONCENTRATION (in parts per million)	i. CONCENTRATION (in parts per billion)
u. CONCENTRATION	v. MASS	w. CONCENTRATION	x. MASS	y. CONCENTRATION	z. MASS	A. CONCENTRATION	B. MASS
GC/MS - PESTICIDES (continued)							
17P Heptachlor-Epoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	8	ug/L
(1324-57-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	lbs
18P PCB-122	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	ND
(63468-2-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
19P PCB-124	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
(11097-35-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
20P PCB-1221	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
(11101-28-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
21P PCB-1232	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
(11141-65-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
22P PCB-1248	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
(13872-29-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
23P PCB-1080	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
(11096-92-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
24P PCB-1016	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
(13674-11-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
25P Toxa-pherie	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-
(600135-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	-

Notes: 1. The Effluent Long-term Average is based on all six outfalls.

2. The Maximum Daily Value is based on two samples from outfall 003A.

ND - Not Detected

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets (use the same format) instead of completing these pages. SEE INSTRUCTIONS.

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V. INTAKE AND EFFLUENT CHARACTERISTICS (Continued from page 3 of Form 2-C)

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outlet. See instructions for additional details.

2. EFFLUENT

1. POLLUTANT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVERAGE VALUE (if available)		d. NO. OF ANALYSIS (1) MASS (2) CONCEN- TRATION (3) MASS (4) CONCEN- TRATION (5) MASS (6) MASS CONCENTRA- TION	e. LONG TERM AVERAGE VALUE (1) MASS (2) CONCEN- TRATION (3) MASS (4) CONCEN- TRATION (5) MASS (6) MASS CONCENTRA- TION	3. UNITS (specify if blank)		4. INTAKE (optional)		
	CONCENTRATION (1) MASS	CONCENTRATION (2) MASS	CONCENTRATION (3) MASS	CONCENTRATION (4) MASS	CONCENTRATION (5) MASS	CONCENTRATION (6) MASS			UNITS	UNITS	a. LONG TERM AVERAGE VALUE (1) MASS	b. NO. OF ANALYSES (1) MASS	
a. Biochemical Oxygen Demand (BOD)	18	34,588			14	17,923	2	mg/L	lbs	4	5,121	2	
b. Chemical Oxygen Demand (COD)	385	739,791			342	437,825	2	mg/L	lbs	540	691,303	2	
c. Total Organic Carbon (TOC)	0.2	384			0.2	256	2	mg/L	lbs	<0.2	<256	2	
d. Total Suspended Solids (TSS)	6.5	12,490			6.0	7,681	2	mg/L	lbs	5.3	6,785	2	
e. Ammonia (as N)	<0.2	<192			<0.2	<128	2	mg/L	lbs	<0.2	<128	2	
f. Flow	Value	Value	Value	Value	Value	Value	1,004	gal/day	-	Value	153,500,000	1,004	
g. Temperature (winter)	Value	27.8	Value	Value	23.3	271	°C		Value	Not Available	-		
h. Temperature (summer)	Value	36.1	Value	Value	32.8	279	°C		Value	Not Available	-		
i. pH	Minimum 7.48	Maximum 8.88	Minimum	Maximum		132	STANDARD UNITS						
2. MARK X													
PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2-a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2-a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outlet. See the instructions for additional details and requirements.													
2. POLLUTANT AND CAS NO. (if available)	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30 DAY VALUE (if available)	c. CONCENTRATION (1) MASS	d. CONCENTRATION (2) MASS	e. CONCENTRATION (3) MASS	f. CONCENTRATION (4) MASS	g. CONCENTRATION (5) MASS	h. CONCENTRATION (6) MASS	i. CONCEN- TRATION (1) MASS	j. CONCEN- TRATION (2) MASS	k. CONCEN- TRATION (3) MASS	l. CONCEN- TRATION (4) MASS	
a. Bromide (2953-62-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	62.3	119,712			61.8	79,052	2	mg/L	lbs	60.6	77,580
b. Chlorine Total Residual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0.30	576			0.02	26	950	mg/L	lbs	0.02	26
c. Color	<input checked="" type="checkbox"/>	<input type="checkbox"/>	495	-			495	-	2	nm	-	498	-
d. Fecal Coliform	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2	-			<2	-	2	MPN/100ml	-	<2	-
e. Fluoride (16984-48-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6.8	13,066			3.4	4,353	2	mg/L	lbs	3.2	4,097
f. Nitrate-Nitrite (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<0.01	8			<0.008	5	2	mg/L	lbs	<0.008	5

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CASING //	2. MARK X TO BE USED AS APPROPRIATE	3. MAXIMUM DAILY VALUE	4. EFFLUENT SPECIES IF BLANK)	5. MAXIMUM 30 DAY VALUE		6. LONG TERM AVERAGE VALUE (If available)	7. LONG TERM AVERAGE VALUE (If available)	8. NO. OF ANALYSES	9. CONCENTRATION (in Mass)	10. CONCENTRATION (in Mass)	11. MASS CONCENTRATION (in Mass)	12. NO. OF ANALYSES	13. LONG TERM AVERAGE VALUE (If available)
				Concen-	Concen-								
g Nitrogen (as N)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.3	576			0.2	256	2	mg/L	lbs	0.2	256	2
h Oil and Grease	<input checked="" type="checkbox"/>	<input type="checkbox"/> <0.5	<480			<0.5	<320	2	mg/L	lbs	<0.5	<320	2
Propanoic Acid	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.06	115			<0.05	<32	2	mg/L	lbs	0.11	141	2
Total 7720-4.0													
Radactivity													
(1) Alpha, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
(2) Beta, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
(3) Radium, Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
(4) Radium 226 Total	<input type="checkbox"/>	<input checked="" type="checkbox"/>											
K Sulfate (as SO ₄) (7468-72-8)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 2,820	5.4EE6			2,745	3.5EE6	2	mg/L	lbs	2,755	3.5EE6	2
Sulfide (as S)	<input checked="" type="checkbox"/>	<input type="checkbox"/> <0.1	<96			<0.1	<64	2	mg/L	lbs	<0.1	<64	2
n Sulfite (as SO ₃) (7426-45-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/> <2	<1,922			<2	<1,280	2	mg/L	lbs	<2	<1,280	2
n. Sulfurians	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.1	192			0.06	77	2	mg/L	lbs	0.06	77	2
o. Aluminum, Total (7439-90-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 51.5	99			50.0	64	2	ug/L	lbs	68.1	87	2
p. Barium, Total (7440-93-3)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 9.6	18			9.0	12	2	ug/L	lbs	8.9	11	2
q. Boron, Total (7440-12-9)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 3.9	7,494			3.6	4,609	2	mg/L	lbs	3.8	4,865	2
r. Cobalt, Total (7440-18-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1.5	3			1.4	2	2	ug/L	lbs	1.2	20	2
s. Iron, Total (7439-93-1)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.1	192			0.1	128	2	mg/L	lbs	0.1	128	2
t. Magnesium Total (7439-95-4)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1,408	2.7EE6			1,320	1.7EE6	2	mg/L	lbs	1,658	2.1EE6	2
u. Molybdenum, Total (7439-99-7)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 15.6	30			14.9	19	2	ug/L	lbs	13.9	18	2
v. Manganese, Total (7439-95-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 6.1	37			5.9	8	2	ug/L	lbs	5.8	7	2
w. Tin Total (7440-31-5)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 0.3	576			0.2	320	2	mg/L	lbs	0.2	320	2
x. Titanium, Total (7440-12-2)	<input checked="" type="checkbox"/>	<input type="checkbox"/> 16.8	32			15.3	20	2	ug/L	lbs	16.0	20	2

CONTINUED FROM PAGE 3 OF FORM 2-C

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PART C If you are a primary industry and this outfall contains process wastewater, refer to Table 2-C-2 in the instructions to determine which of the GC/MS fractions that apply to your industry and for All Total metals, cyanides, and total phenols. If you are required to mark column 2-a for all such GC/MS fractions, mark "X". In column 2-b for each pollutant you know or have reason to believe is present, mark "X". In column 2-c for each pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe that you discharge in concentrations of 10 ppb or greater, if you mark column 2b, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge. In concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part, please review each carefully. Complete one table (all 7 pages) for each outfall. See instructions for additional details and requirements.

2. MARK X		2. EFFLUENT		3. UNITS (specify if blank)		4. INTAKE (optional)	
1. POLLUTANT AND TEST INGREDIENTS REQUIRED	c. BE-LIEVE PRESENT	a. MAXIMUM DAILY VALUE	b. MAXIMUM 30-DAY VALUE (if available)	c. LONG TERM AVERAGE VALUE (available)	d. NO. OF ANALYSIS	e. LONG TERM AVERAGE VALUE	f. NO. OF ANALYSIS
		(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS	(1) CONCENTRATION (2) MASS
METALS, CYANIDE, AND TOTAL PHENOOLS							
In Antimony	<input checked="" type="checkbox"/>	ND	-	ND	-	8	ug/L
Total (7440-36-0)		22.5	43	12.2	16	"	ug/L
2M Arsenic	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7440-38-2)		ND	-	ND	-	"	ug/L
3M Barium	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7440-41-7)		ND	-	ND	-	"	ug/L
4M Cadmium	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7440-43-9)		ND	-	9.2	12	"	ug/L
5M Chromium	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7440-47-9)		11.0	21	10.9	14	"	ug/L
6M Copper	<input checked="" type="checkbox"/>	ND	-	0.8	1	"	ug/L
Total (7440-50-8)		ND	-	0.3	<1	"	ug/L
7M Lead, Total (7439-92-1)	<input checked="" type="checkbox"/>	ND	-	23.2	30	"	ug/L
8M Mercury	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7439-97-0)		11.9	23	4.5	6	"	ug/L
9M Nickel	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7440-92-0)		27.3	52	ND	-	"	ug/L
10M Selenium	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7782-92-2)		ND	-	ND	-	"	ug/L
11M Silver	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7440-96-6)		6.1	12	43.3	55	"	ug/L
12M Titanium	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (7440-38-0)		ND	-	0.7	1	"	ug/L
13M Zinc	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (67-12-5)		ND	-	ND	-	"	ug/L
15M Phenols	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
Total (1786-0-16)		ND	-	ND	-	"	ug/L
DIOXIN	<input checked="" type="checkbox"/>	ND	-	ND	-	"	ug/L
DESCRIBE RESULTS Not Detected							

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. / available	2. MARK X	3. UNITS	4. INTAKE (optional)		5. NO. OF ANALYSES					
			a. TEST INGREDIENT REQUIRED	b. BEIEVED PRESENT						
			(1) CONCENTRATION	(2) MASS	(3) CONCENTRATION	(4) MASS	(5) CONCENTRATION	(6) MASS	(7) CONCENTRATION	(8) MASS
GC/MS - VOLATILE COMPOUNDS										
N Acetoin (107-02-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ND	-	8	ug/L	lbs	ND
2-Acetylacetone (107-13-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
Av Benzene (111-04-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
Av Bis(Chloromethyl) Ether (52-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
Av Bromoform (75-25-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
Av Carbon Tetrachloride (56-23-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
Av Chlorodibromomethane (108-30-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
Av Chlorodibromoethane (124-48-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
9-Chlorobenzoic acid (75-00-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
10V-2-Chloroethyl vinyl Ether (110-75-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
11V-Chloroform (67-86-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
12V-Dichloro-bromoethane (75-71-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
14V-1-Dichloroethane (75-24-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
15V-1,2-Dichloroethane (107-06-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
16V-1-Dichloroethylene (7535-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
17V-1,2-Dichloropropane (78-87-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
18V-1,3-Dichloropropane (542-76-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
19V-Ethylbenzene (100-41-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
20V-Methyl Bromide (74-83-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND
21V-Methyl Chloride (74-87-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	"	"	"	ug/L	lbs	ND

1. POLLUTANT NAME / CAS NO. / available)	2. MARK X TEST REQUIRED	3. BE- LIEVED ABSENT		4. INTAKE (optional)	
		(1) CONCENT- RATION	(2) MASS - RATION	(a) LONG TERM AVERAGE VALUE (if available)	(b) NO. OF ANALYS- ES
GC/MS - VOLATILE COMPOUNDS (continued)					
22-Vinylidene Chloride (75-09-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2,2,2,2-Tetrachloro- hexafluoropropane (75-45-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
241-Chloro- ethylether (123-18-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
251-Chloro- (19-88-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
261-1,2-Trans- Dibromoethylene (156-60-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
271-Chloro- ethane (75-55-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
281-1,2-Di- chloroethane (75-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
291-Chloro- ethane (75-00-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
301-Trichloro- fluoromethane (75-69-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
311-Vinyl Chloride (73-01-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GC/MS FRACTION - ACID COMPOUNDS					
32-Chloroformic acid (95-57-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32A-1,4-Dinitro- phenol (12083-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A-2-Chloro- phenol (105-87-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3A-3-Dinitro- phenol (534-19-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5A-2,4-Dinitro- phenol (51-28-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6A-2-Nitro- phenol (98755)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7A-4-Nitro- phenol (100-02-7)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8A-P-Chloro- N-Cresol (59507)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9A-Penta- chloropheno- (67-86-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10-A-Phenol (10-65-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11A-2,4-Bis-(chloropheno- (88-06-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. /if available	2. MARK X	3. BEIEVED PRESENT	4. TEST INGREDIENTS REQUIRED	2. EFFLUENT		3. UNITS		4. INTAKE (optional)	
				a) MAXIMUM DAILY CONCENTRATION	b) MASS CONCENTRATION	c) LONG TERM AVERAGE VALUE	d) NO. OF ANALYSES	e) LONG TERM AVERAGE VALUE	f) NO. OF ANALYSES
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS									
63-Acetophenone (63-22-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	ug/L
68-Acetylylene (208-96-6)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	lbs
3B-Anthracene (120-12-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	ug/L
4B-Benzidine (92-67-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
5B-Benzo (a)-Anthracene (60-35-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration
6B-Benzo (a)-Furan (50-32-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
7B-3,4-Benzo-fluoranthene (205-99-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration
8B-Benzo (m)-Peylens (191-24-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
9B-Benzo (k)-Fluoranthene (207-08-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration
10B Bis (2-Chloroethyl)-Methane (111-91-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
13B-Bis (2-Chloroethyl)-Ether-Ether (111-44-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration
13B-Bis (2-Chloroethyl)-Ether-Ether Acid/Fumarate (117-81-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
14-B-4-Bromochlorophenyl-Phenyl-Ether (94-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration
15B-Bis (2-Chloroethyl)-Phenyl-Phenyl-Ether (85-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
16B-2-Chloronaphthalene (94-68-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration
18B-Clinserine (218-01-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
19B-Dibenzo (a,h)-Anthracene (63-70-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration
20B-1,2-Dichloro- benzene (95-50-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	mass
21B-1,3-Dichloro- benzene (541-73-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-	8	concentration

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EPA I.D. NUMBER (copy from Item 1 of Form 1)

CAD00006333248

OUTFALL NUMBER

003B

1. POLLUTANT AND CAS NO. (if applicable)		2. MARK X		3. UNITS (specify if blank)		4. INTAKE (optional)	
a. TEST INGREDIENT REQUIRED	b. BE- LIEVED PRE-SENT	c. BE- LIEVED ABSENT	d. MAXIMUM DAILY CONCENTRATION	e. MASS	f. MASS	g. LONG TERM AVERAGE VALUE (1) CONCENTRATION (2) MASS	h. NO. OF ANALYSES
						(1) CONCENTRATION (2) MASS	CONCENTRATION
GC/MS - BASE/NEUTRAL COMPOUNDS (continued)							
22B. 4-Diethylbenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
23A. 4-Chloro-2-methoxybenzene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
24B. Diethyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
26B. Dimethyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
28B. D-N-BuN Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
13A. 1,3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
27B. 2,4-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(12A. 4,2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
28B. 2,4-Dinitrotoluene	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
60B. 20,21	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
29B. Di-N-Octyl Phthalate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(117.84,0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
30B. 2,4-Diphenylhydrazine (S-Azobisisobutyronitrile)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
(112.66,7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
31B. Fluoranthene (205.44,0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
32B. Fluorene (86.75,7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
33B. Hexachlorobenzene (118.74,1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
34B. Hexachlorobutadiene (87.58,3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
36B. Hexachlorobutadiene (77.47,4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
38B. Hexachloroethane (61.72,1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
39B. Naphthalene (91.20,3)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
37B. Indeno (1,2,3-cd) Pyrene (193.39,5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
38B. Sophaone (78.59,1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
39B. Naphthalene (62.75,9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
40B. Nitrobenzene (105.95,5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
41B. N,N-Nitroso-dimethylamine (62.75,9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-
42B. N,N,N-Triethylpropanamine (62.54,7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	-

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO./ available)	2. MARK X TEST INGREDIENT REQUIRED	3. BE- LEVED PRE- SENT	4. TEST MAX DAILY CONCENT- RATION	5. MAXIMUM 30 DAY VALUE		6. LONG TERM AVE- GAGE VALUE (if available)	7. NO. OF ANALYSES	8. CONCEN- TRATION	9. CONCEN- TRATION	10. MASS CONCEN- TRATION	11. MASS CONCEN- TRATION	12. NO. OF ANALYSES	13. MASS CONCEN- TRATION
				a.	b.								
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS (continued)													
43B N-Nitro- soethoxyMamine (86-30-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	-	-	ND	-	8	ND	-
43S Phenanthrene (95-07-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	"	"	"	"	-
45B Ryrene (129-00-0)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	"	"	"	"	-
46B 1,2,4-Tri- chlorobenzene (120-52-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	"	-	"	"	"	"	"	-
GC/MS FRACTION - PESTICIDES													
TP AroH (395-00-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-	8	ug/L	ND
2P-p-BHC (313-85-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
4P-p-BHC (58-89-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
5P-p-BHC (319-86-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
6P-Chlordane (57-74-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
7P-4,4-DDT (60-59-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
8P-4,4-DDE (72-55-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
9P-4,4-DDD (72-54-9)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
10P-Dieldrin (60-57-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
11P- α -Endo- sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
12P- β -Endo- sulfan (115-29-7)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
13P-Endosulfan Sulfate (1031-07-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
14P-Erdrin (72-30-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
15P-Ethox- Aldehyde (7421-93-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	<0.01
16P-Hepha- chior (76-44-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	"	-	"	"	"	"	"	-
									ND	-			

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EPA I.D. NUMBER (copy from Item 1 of Form 1) **CAD000633248**OUTFALL NUMBER **003B**

1. POLLUTANT AND CAS NO. / available	2. TEST INGREDIENTS REQUIRED	3. MARK X		4. INTAKE (optional)	
		b. SE. LIED	c. BE. ABSENT	a. MAXIMUM DAILY VALUE (if available)	c. LONG TERM VALUE (available)
GC/MS - PESTICIDES (continued)					
17P Heptachlor Epoxye	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0.004	<0.01
1024-57-3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ND	-
18P PCB 1242	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
52469-2-9	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
9P PCB 1244	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
(1108-68-0)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
30P PCB 1241	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
(1110-28-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
21P PCB 1242	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
(1114-16-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
22P PCB 1248	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
(12672-20-9)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
23P PCB 1240	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
(111096-82-5)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
24P PCB 1016	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
(12674-11-2)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	-	-
25P Tova pheire	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	-
(6001-35-2)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	-	-

Notes: 1. The Effluent Long-term Average is based on all six outfalls.

2. The Maximum Daily Value is based on a single sample from outfall 003B.

ND -- Not Detected